STATE OF MARYLAND-CERTIFICATE OF DOATH

1	. PLACE OF DEAT	гн	1417 111	19/2	(3)
	County Tree	derick		6,3	Registration Dist. No. 131
	Village or City	Treder	Lek		No. 108 Hast Street St., Ward
	Length of residence in cit	ly or town where o	leath occurred=		death occurred in a hospital or institution, give its NAME instead of street and number)
2			irl Addi	2	If U. S. Veteran, specify WAR NONE
	(a) Residence: No.				St. Ward.
	(a) Residence. No		(Usual place	of abode)	If nonresident give city or town and State
	PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	SEX 4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
	Fomale Co	olored	Sing		November 25, 1937 (Month) (Day) (Year)
5a.	If married, widowed, or divo HUSBAND of	rced			22 A LUEDERY CERTIES THE WAY
	(or) WIFE of	None			1 HEREBY CERTIFY, That I attended deceased from 193 1, to 10 tv . 2 2 2 193 193 193 193 193 193 193 193 193 193
8.1	DATE OF BIRTH (month, day	and uner)	Tovember	25.1937	Hast saw h. O. alive on Schill Bo in Ma, 1974; death is said
-		Months	Days	If LESS than	to have occurred on the date stated above, at
	0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
7	8. Trede, profession, or pa	rticular		1 OILSELLIMIN.	Oate of onset
10	kind of work done, SAWYER, BOOKKEE	as SPINNER, PER, etc	None		CAII WU
OCCUPATION OCCUPATION	9. industry or business in work wes done, as S	which	7.7	100	Full V
SC	SAW MILL, BANK,	tc		ne	
ŏ	10. Date deceased last wor this occupetion (mo	nth and	spe	ime (years) nt in this spation	***************************************
	year)		(0651	spation	Other Contributary Causes of Importance:
12.	BIRTHPLACE (city or town) (State or country)	Maryla	and		
œ	13. NAME Henr		tanton		
FATHER			USUITUOII .		
FA	14. BIRTHPLACE (city or to (State or country)		vland		Name of operation Date of
2	15. MAIDEN NAME	Part /			What test confirmed diagnosis? Was there an autopsy? Was
MOTHER					23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
MO	16. BIRTHPLACE (city or to (State or country)		vland		Where did Injury occur?
	Henn	ry Stani	ton		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17.	INI ORMAN L	derick,		••••	opensy whether injury occurred in the borkt, in nome, or in robello reade.
18.	BURIAL, CREMATION, OR R	EMOVAL FIT	ederick.		Manner of injury
	Place. Hontain	ie Com.	Date]	1/26/,19.37	Nature of injury
10	UNDERTAKER II R	Etchis	one son		24. Was disease or injury in any way related to occupation of deceased?
19.		derick,			If so, specify
0.0	7/ 1/4	1937 /	mm	2	(Signed) M. D
20.	PILED YOUR , I	1255 4	Africa Contraction	Registrar.	(Address) Andrew Link

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Every item of inforshould state of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

PHYSICIANS Exact statement

EXACTLY.

stated

AGE should be

properly classified.

be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PL

m ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	įį	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 days ogo	
BEG 4 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	
			CONTRACTOR	

ADDITIONAL SPACE FO	FURTHER S	STATEMENTS	BY	PHYSICIAN
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OCCUPA-

W

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick County Registration Dist. No. State Sanatorium, Md. Village or City _____No._____St., Ward (If death_occurred in a hospital or institution, give its NAME instead of street and number) 17ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME Joseph N Baioras If U. S. Veteran, specify WAR Essex, Maryland Virginia Ave. (Usualplace of abode) St., Ward, If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) White Male Married 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That i attended deceased from (or) WIFE of Mary Baioras 1937, to Nov. Mar. 19 1887 6. DATE OF BIRTH (month, day, and year) 7. AGE. to have occurred on the date stated above, at 12.45 mA. M. Months Days If LESS than The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance 50 20 or min. were as follows: Date of enset OCCUPATION Pulmonary Tuberculosis 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at 11. Total time (yeers) spent in this 31 Yr this occupation (month; end Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Lithuania (State or country) Tuberculous Laryngitis. FATHER Felix Baioras 13. NAME 14, BIRTHPLACE (city or town) (State or country)

What test confirmed diagnosts? - - - - Was there an autopsy? - - - Was there an autopsy? MOTHER Elsie 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) ... (State or country) ithuania Where did Injury occur?____. (Specify city or town, county and State) Joseph Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT ... (Address) Essex. 18. BURIAL, CREMATION, OR REMOVAL Menner of injury

> M.L.Creager Thurmont d.

19. UNDERTAKER .
(Address)

Date Unknown 19

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

24. Was disease or injury in any way related to occupation of deceased?

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Example 1	1)	Example II		
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Chronic interstitial nephinitia	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			L	

MARGIN RESERVED FOR BINDING

K.S. No. 1

1. PLACE OF DEATH	827	
County Frederick	Registration Dist. No. 14	
	NoSt., If death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. if of foreign birth?vrsmas	
011-0	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Charles 1. Warner	mi.	
(a) Residence: No. 201 August St. Walls (Usual place of abode)	St., Ward. If nonresident give city or town and S	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHY OV (Oay)	193. Z
5e, If married, widowed, or divorced HUSBAND of		(,
(OF) WIFE OF Nettre &. Burning	22. HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, dey, and year) July 17. 1871	Hest saw h in alive on Nov 9. 1937.	death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7.30 1 m.	00011110 3010
66 3 23 laay,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	1
8. Trade profession or particular	arteria ecleroria	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		ana
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occurrentian (months and	Cerebral thrombonic	Druont
10. Date deceased last worked et this occupetion (month end 129/37 spent in this occupation 44		Ja
12. BIRTHPLACE (city or town) Frederick Co	Other Contributory Couses of Importance:	3 yre
(State or country)	parties of the	a Da
13. NAME Miles Burnin		1
13. NAME Mules Burnern 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Clinical Was there an au	opsy? Ma
15. MAIDEN NAME Jenne Jones	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:	1011
15. MAIDEN NAME Jennie Jones 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) mul	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mrs. Nettre L. Quenum	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.
(Address) 1201 Light St. Balto. ned.		
18. BURIAL, CREMATION, OR REMOVAL Place request centy Date 700: 12 1937	Manner of injury	
Tiace Transfer Date / Date / 1907	Nature of injury	
19. UNDERTAKER 6. M. Shalt - (Address) Traffeld mil	24. Was disease or injury In any wey related to occupation of deceased?	0
20. FILED Mov. 11, 1937 arolleg R. Milanne	(Signed) Tew Warket n	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	371 year

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	

11901

1. PLACE OF DEATH	(108)
County Sire derects	Registration Dist. No. 13
Village or City Montevue	(If death occurred in a hospital for institution, give its NAME fastead of street and number)
Length of residence In city or town where death occurredyrs	mos. 1.5.ds. How long In U. S. if of foreign birth?
2. FULL NAME Raymond Basi	If U. S. Veteran, specify WAR Mone
(a) Residence: No. 4 1 A Middle alley	St. Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word Divorce)	21. DATE OF DEATH 100. 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wangaret Parlein	22. BI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) St 6 1899.	I last saw has Malive on NoV 1907; daeth is said
7. AGE Years Months Days If LESS tha	
38 yrs. 1 4 1 day,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Lung alisteas Cha6
work was done, as SILK MILL, SAW MILL, BANK, etc	37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (north and year) 11. Total time (years) spant in this occupation.	
12. BIRTHPLACE (city or (town) Tredesell Co	Other Contributory Causes of Importance:
(State or country) mary and	- dobar preumonia led 10
13. NAME Harry Barton 14. BIRTHPLACE (city or town) Trelderich Co	77
14. BIRTHPLACE (city or town) Trellends Co	A Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 240_
15. MAIDEN NAME Derlee Combines	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 2 extre converse (State or country)	Accident, sulcida, or homlcide?
17. INFORMANT Coangeline Red (Address) Embracher Sax	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Col. Demetry 12, 190	Manner of Injury
19. UNDERTAKER A. Chisogle & Sour (Address) Frederick Med.	24. Was disease or Injury In any way related to occupation of daceased? 20
20. FILED 12 - Nuv. 19 37 Ina J. W-Sund Registra	(Signed) M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 4 1931	July 5,1927	Peritonitis	3 days ago	
POWERU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11902
1. PLACE OF DEATH	47.0
County Treserick	Registration Dist. No. 13
Village of City Fredrick	No. 342 E 3 32 St. Ward
141/	f death occufred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. if of foreign birth?
	10 6
2. FULL NAME I Sound Deal	If U. S. Veteran, specify WAR /Low
(a) Residence: No. 37 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What The second of the second	21. DATE OF DEATE 9
ia. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Yeyfr)
HUSBAND of Couran Beale	22. I HEREBY CERTIFY. Thet I attended deceased from
5. DATE OF BIRTH (month, day, and year) 27-1879	I last saw h alive on alive on , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atA-m.
38 0 /3 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8-Irede, profession, or perticular kind of work done, as SPINNER, Charmacus XAWYER, BOOKKEPER, etc.	9
SAWYER, BOOKKEEPER, etc.	Many Corci homa / week
9. Industry or businass In which work was dona, as SILK MILL, Say Store SAW MILL, BANK, etc.	of a processing of
kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month end year) year) 11. Total tima (years) 42 spent In this occupation occupation	Bronklogenie Carestone
walkunille	Other Contributory Canses of Importance;
12. BfRTHPLACE (city or town) (State or country)	
13. NAME John R. Beall	
13. NAME COMMING OF COUNTY THE THE STREET OF	Neme of operation Perms Dete of
(State of country)	What test confirmed diagnosis? Climical Was there en autopsy? W
15. MAIDEN NAME Dydia Ann Togle 16. BIRTHPLACE (city or town) Nalkandella (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Walkersulla	Accident, sulcide, or homicide? Data of injury, f9
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Fronz a Bresle	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL Hederick ma.	Manner of injury
Place fully Com Date Nov. 1, 193	Natura of Injury
to & pline Ida	24. Wes disease or injury in any way related to occupation of dacaasad?
19. UNDERTAKER D' L' OULL (Addrass) Frederick Med	If so, specify

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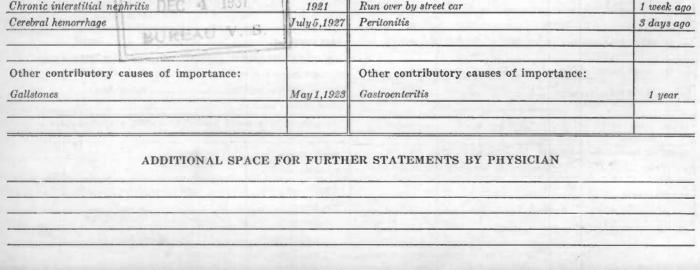
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•



	Registration Dist. No. 138
	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
S.	ds. How long in U.S. If of foreign birth?yrsds.
	St., Ward.
	If nonresident give city or lown and State
-	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH Nov 15
	(Month) (Day) (Yeer)
	22. ALMEREBY CERTIFY That I attended deceased from aug 2 4, 1937, to Nov. 15, 1937 I last saw h.inl alive on Nov 14, 1937; death Is said
	Nov 14 37
-	to have occurred on the date stated above, at 5.30 m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
_	were & follows: Date of onset June 24
	a special value of the second
-	/7.73.7
	Other Contributory suses of importance:
	Name of operation Dete of Dete
-	Name of operation Dete of Dete of What test confirmed diagnosis? Clinical Wes there en au'opsy? No
-	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
-	Where did Injury occur?
	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
-	Specify whether injury occurred in INDOSTRY, IN HOME, OF IN POBLIC PLACE.
-	Manner of Injury
	Neture of Injury
	Al a
	24. Was disease or injury In any way releted to occupation of deceesed?
	If so, specify Road
	(Signed) Coment P. Roop M.D. (Address) Yew Market Md.D.
	(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREAU V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 50,25 2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Registration Dist. No
No. St., Ward eath occurred in a hospital or institution, give its NAME instead of street and number) """ """ """ """ """ """ """
eath occurred in a hospital or institution, give its NAME instead of street and number) """ """ """ """ """ """ """
ds. How long in U. S. if of foreign birth?
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH NOV. 22, 1937 (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attanded decased from 2, 1937, to Nov. 22, 1937; death is said
St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH NOV. 22, 1937 (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attanded decased from 2, 1937, to Nov. 22, 1937; death is said
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH NOV. 22, 193 7 (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attanded decaased from 1937, to 1937; death is said
21. DATE OF DEATH NOV. 22 (Month) (Day) 22. HEREBY CERTIFY, That I attended decased from 2. 1937 (1937) 1 last saw h & 1 elive on 1937; death is said
22. I HEREBY CERTIFY, That I attanded decaased from Your 6, 1937, to Your, 22, 1937. I last saw h & 1 elive on Your, 22, 1937; death is said
Nov. 6, 1937 to Nov. 22, 1937 Hast saw h & 1 elive on Nov. 22, 1937; death is said
Hast saw h 27 elive on Nov. 22, 19.37; death is said
to have assured as the data stated shows at 7 25 0 m
to have occurred on the date Stated above, at
The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:
Pyelitis Date of general 11/3/37
Other Centributary Causes of Importance:
Name of operation
What tast confirmed diagnosis? Was there an autopsy? No
23. If death wes due to external causes (VIOLENCE) fill in also the following:
Accidant, sulcida, or homicida?
(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Specify whether mysty occurred in the ostat, in nome, of in robello reace.
Manner of Injury
Nature of Injury
(Signed) Signed R. Nowak M. D. (Address) adamstown, gud.
4

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11.—The number of years the deceased followed the occupation.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
en frei te S	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-WRITE PLAINLY, WITH UNFADING MAES should be stated EXACTLY. PHYSICIANS should state majion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 11905
1. PLACE OF DEATH	92-0
County Fredrick	Registration Dist. No. / 30
Village or City Mar Dickerson.	St. Ward
Length of residence in gity or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
A Dr (d. 0)	mosds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Sulca Well	
(a) Residence: No. Mac Dickerson (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDON OR DIVORCED (write the v	WED, 21. DATE OF DEATH 7.
5a. If married, widowed, or divorced	(Month) (Day) (Tear)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
1 122-10	1936, to hov 94, 1937
6. DATE OF BIRTH (month, day, and year)	1 last sawber aliva on 100 114 , 1937; death is said
7. AGE Years Months Days If LESS	hen
	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acuse Delation
9. Industry or business in which	7 - tall 1 1/9/37
work was dona, as SILK MILL, SAW MILL, BANK, atc.	March of the figure 10/8/3
10. Data decaesad last worked at box 10 11. Total time (years) spant in this occupation (month and box 12)	
12. BIRTHPLACE (city or town) Near Dickerson	Othar Coutributary Causes of importanca:
(State or country)	The state of the s
13. NAME John Blond Bel	x way very 1906
13. NAME John Gloyd Bee 14. BIRTHPLACE (city or town) Souldown &	Name of operation 2 Data of
(State or country)	What tast confirmed diagnosis? Climen Was there an autopsy?
15. MAIDEN NAME Surah Mc Sil	23. If death was due to axtarnal causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Tours	Accident, suicide, or homicida? Data of injury, 19
∑ (Stata or country) 72	Whare did injury occur?
17. INFORMANT Mrs. John W. Bal. (Addrass) Bucker to he	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Data Data	19_3_/ Nature of injury
19. UNDERTAKER 6. E. Chine of Jon (Addrass) Tradinian ne	24. Was disaesa or injury in any way related to occupetion of dacaased? 2
20. FILED 2307 11, 1937 Incolared Regis	(Signad) EW whit M. D.
If more blanks are needed, address State R	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of dof importance were as for	cath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	s	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEO 2 1937	July 5,1927	Peritonitis	3 days ago
	I V I STORY			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STION

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 11906
County Frederick	Registration Dist. No. 145
Village or City my orspille md	No. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carrie May	riser
(a) Residence: No. Myersvilled 20	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED,	21. DATE OF DEATH 1
Temple White OR DIVORCED (write the word)	Nov 2 , 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Yéar)
HUSBAND of Cory WIFE of Classes	22. I HEREBY CERTIFY, That I attended deceased from
wison was. I suel	May 1837, to Nov 1 , 1937
6. DATE OF BIRTH (month, day, and year)	I last saw help aliva on 1937; death is said
7. AGE Yaars Months Oays If LESS than I day,hrs.	to have occurred on the date statad abova, at. 21.3.2 Am.
74 10 ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Red Haran Rose	
SAWYER, BOOKKEEPER, etc.	Cute Cardia (Teletas, nov.
9. Industry or business in which work was done, as SILK MILL, Our home home	
10. Dato deceased last worked at 11. Total time (years)	Drimary cause & Parabral Lemonrhage
this occupation (month and year) spant in this year)	Disation 1 tow months. Culpa
hi do ta	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Daniel Miller	erunai varalysis
I was the same	Where's cleron
14. BIRTHPLACE (city or town) Middletonn (State or country)	Name of operation
15. MAIDEN NAME Frances Carblents	What test confirmed diagnosis? Was there an au'opsy?
II 13. MAIDEN NAME Trances coolenis	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Middletoun (State or country)	Accidant, suicide, or homicide?
(State or country) and	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT D. Cagas Bitto	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass) Mahersville Mid 18. BURIAL, CREMATION, OR REMOVAL	
Pelason Agam Widdlata, nov of 1937	Manner of injury
of owner cem, reconscion 7, 1921	- Nature of Injury
19. UNDERTAKER 1. 1. BUTTO & SON	24. Was disease or injury in any way ralated to occupation of daceased?
(Address) myersville my	If so, specify
20. FILEO NOV. 4, 19 37 William S. Walhte	(Signed) A May Front M. D.
Registrar.	(Address / A A A A Day

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 200	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

WRITE

V. S. No. 1

plnods

1	1907
No. 13	
St., ad of street and n	Ward
yrsmo	sds.
ne	
ed KC	State
DEATH	
Day)	, 193. 7 (Year)
net i ettended o	deceased from
	, 19.3
193.7	: deeth is seid
n. 19 3 7	; deeth is seid
n, nportence	Date of onset
n, nportence	Date of onset
n, nportence	
n, nportence	Date of one of

	No. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and	number)
_mos.	ds. How long in U.S. if of foreign birth?rsr	nosds.
~1	If U. S. Veteran, specify WAR Nove	
d.	St., Ward. Shuntille Jud 1/8	G. Mil.
	MEDICAL CERTIFICATE OF DEATH	
), () ,	21. DATE OF DEATH	M
2	Denember / (Day)	(Year)
	22. HEREBY CERTIFY, Thet i ettended	deceased from
	may 11 ,1937, 10 hor 11	, 19.3.7
	t last saw h. alive on North 193	deeth is seid
n	to heve occurred on the date steted above, et 10 2 am.	
.hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:	
	were as ronows.	Date of onset
	Cualizad hemontage	Ren10-3
	The state of the s	Jan O
)	Other Control of the	
	Other Contributary Couses of Importence:	
	artho Sclerous	1933
	Name of a secolar	
	Neme of operation	2 -
-	Whet fest confirmed diagnosis? Was there en	
,	23. If deeth was due to external causes (VIOLENCE) fill in also the following	.7
	Accident, suicide, or homicide? Date of injury	, 19
	Where did Injury occur? (Specify city or town, county and St.	140)
	Specify whether injury occurred in fNDUSTRY, in HOME, or in PUBLIC P	ACE,
12	Manner of Injury	
	Neture of Injury	
1	24. Wes disease or injury in any wey related to occupation of deceased?	no
	If so, specify	,
, ,	(Signed) Soltions	
	(Address) gradereck	228
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		

Registration Dist.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If LESS th

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago WILLIAM IN IN Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	72-0
county Fre develle (O'	Registration Dist. No. 13
Village or City montained "To"	. No. Erneralney Jon Tel Ward
CC 4	death occurred in a horpital or institution, five its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Malen Bruce	If U. S. Veteran, specify WAR Would
(a) Residence: No. o Thurmout and	. St., Ward. Thursmant Jud 12 Co. Myd
Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write tha word)	21. DATE OF DEATH
male white Single	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	2. Now 18 19 27, to now 19, 1927.
6. DATE OF BIRTH (month, day, and year) may 5. 1886	l last saw h 1 01 aliva on No 18 1937 : death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete stated above, at 1.39 A.m.
1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade nighteeinn or particular	ware es follows:
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Juke mi a-
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked et this occupation (month and	
10. Date daceased last worked et this occupation (month and spent in this 2	
yaer) 340014 -34 occupation 00	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Wary & ord	
(State or country)	,
13. NAME Diomas Brice 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(Steta of country)	Whet test confirmed diagnosis? Was there en autopsyfio
15. MAIDEN NAME Office Start 16. BIRTHPLACE (city or town)	23. If daeth was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury19
(State or country) Tree. to Md	Where did Injury occur?
17. INFORMANT Miss Carlaine Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Emergence Torrital	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placable & Carreling Date here Z/ 19\$2	Nature of Injury
19. UNDERTAKER Fillhide & Carrias	24. Was disaase or injury In any wey related to occupation of deceased? 20
(Address) Theyand	If so, specify
20 EUED 9 MM 1027 DA A MISCHAU	(Signed) DO Trozzana M. D.
Registrar.	(Addrass) Zanderuk Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	E3 ii	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 4 1037		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago.
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Frederick Registration Dist. No. 161 W. All Saint St., Of death occurred in a hospital or institution, give its NAME instead of street at Length of residence In city or town where death occurred 35 yrs. mos. 2ds. How long In U.S. if of foreign birth? yrs.	nd number)
Village or City Prederick St., (If death occurred in a hospital or institution, give its NAME instead of street at	nd number)
Village or City Prederick St., (If death occurred in a hospital or institution, give its NAME instead of street at	nd number)
(If death occurred in a hospital or institution, give its NAME instead of street at	nd number)
Length of residence in city or town where death occurredyrs	_mosds.
2. FULL NAME Amos Columbus Brown If U. S. Veteran, specify WAR None	
/ (a) Residence: No. 161 W. All Saint St., Ward. (Usual place of abode) If nonresident give city or town a	16
(Usual place of abode) If nonresident give city or town a PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWSD, 21. DATE OF DEATH	
Male Colored OR DIYOREED (write the word) November 18th (Month) (Day)	, 193_ 7/ (Year)
5e. If married, widowed, or divorced	
(er) WHE Charlotte Johnson 22. HEREBY CERTIFY, That I attend	ad daceased from
	7.; daath Is sald
7. AGE Yaars Months Days If LESS than to have occurred on the date stated abova, at 9:30 Am.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	Date of onset
8 Trade profession or particular	
kind of work done, as SPINNER, Retired Laborer Cardeac Valoulas Alise	my 1937
9. Industry or business In which work was dona, as SILK MILL,	
Kind of work done, as SPINNER, Retired Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occuration (months and a control of the control of	
this occupation (month and 10/26 spent in this 37 occupation	
Othar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country) Maryland	
13. NAME Unknown	
13. NAME UNINOWN 14. BIRTHPLACE (city or town) Nama of operation Date o	
14. BIRTHPLACE (city or town) Date of Country What tast confirmed diagnosis? Was there are the confirmed diagnosis? Was the confirmed diagnosis?	710
Antidad publish as benished	
State or country) 16. BIRTHPLACE (city or town)	, 13
(Specify city or town, county and	Stete)
17. INFORMANT TES A. C. Brown Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC (Address) Frederick, Maryland	I ENVE,
18. BURIAL, GREMATION, OR REMOVAL Fairview Com. Mannar of Injury	
Place Prederick, Id. Data 11/20, 1937 Natura of Injury	
19. UNDERTAKER 1. R. Etchison & Son 24. Was disease or Injury In any way related to occupation of dacassed?	200
(Addrass) Prederick, Maryland If so, specify // P	
(Signed) My Journe	, M. D

Registrar.

Freder

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WIND V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLANLY, WITH

	OF DEAT	H	((95-1)
County	Fred	erick	(0,	UT.	Registration Dist. No. 131
	r City <u>NO</u>	ar Frod y or town where	-		ND. I. O. O. F. HOME Q J. H., T. V. f death occurred in a hospital or institution, give its NAME instead of street and number)
7.6		sse H.		yrs,mos	s
			TOWE		If U. S. Veteran, specify WAR None
(a) Resid	dence: No.	ida Co	Usual place	of abode) R. L. A	St., Ward. Baltimore, Sarvland
PERSO			ICAL PART		MEDICAL CERTIFICATE OF DEATH
lale		or race		TRIED, WIDOWED, TO (write the word)	21. DATE OF DEATH November 19th, 193 7 (Month) (Day) (Yee
a. If married, win HUSBAND o (or) WIFE o	dowed, or divor	ced a Canat	tt		22 I HEREBY CERTIFY, Thet I attended deceased
DATE OF BIRT	III (month day	and many De	ecember	26. 1848	
	Yaars	Months	Days 23	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at 4.50Pm.
9. Industry work SAW 10. Date dac	or businass in wes dona, as SI MILL, BANK, at aased last work	which ILK MILL, tc	11, Total (Blacksmiti	Mys card at Ansufficiency 19
9. Industry work SAW 10. Date date this o year)	of work dona, a CER, BDDKKEEF or businass in wes dona, as SI MILL, BANK, a aased last work ccupation (mon (city or town)	ss SPINNER, CER, etc	3 11. Total spe		Date of of Date of Dat
9. Industry work SAW 10. Date dac this o yaar) 2. BIRTHPLACE (State or c	of work dona, a 'ER, BDDKKEEF or businass in wes dona, as SI MILL, BANK, a aased last work ccupation (mon (city or town)_ country)	seg at 9/23	3 11, Total spe	tima (yaars)	Mys cardial Anofficery 19
9. Industry: Work SAW 10. Date dac this o yaar) 2. BIRTHPLACE (State or of	of work dona, after, but dona, after, but dona, as Si Mill. BANK, at assed last work coupation (mon-country) Villia	is SPINNER, Received in the second in the se	3 11. Total species	tima (yaars)	Deter Contributory Causes of Importance: Outer School Grand
9. Industry: work SAW 10. Date dae this o yaar) 2. BIRTHPLACE (State or o 13. NAME	of work dona, ac EER, BDDKKEEF or businass in wes dona, as SI MILL, BANK, at assed last work ccupation (mon ————————————————————————————————————	mary Mary Mary Mary Mary	3 11. Total spe spe occ land 1	tima (yaars)	Dther Contributory Causes of Importance: Output Nama of operation. Whet test confirmed diagnosis? Change Was there an autopsy?
SAWY 9. Industry. work SAW 10. Date dae this o yaar) 2. BIRTHPLACE (State or of 13. NAME 14. BIRTHPL (State 15. MAIDEN 16. BIRTHPL	of work dona, ac EER, BDDKKEEF or businass in wes dona, as SI MILL, BANK, at assed last work ccupation (mon ————————————————————————————————————	Mary Mary Mary Mary Mary Mary Mary	3 11. Total species	tima (yaars)	Dither Contributory Causes of importance: Contributory Causes of importance:
9. Industry work SAW 10. Date dac this o year) 2. BIRTHPLACE (State or of 13. NAME 14. BIRTHPLE (State or of 14. BIRTHPLE (State or of 15. MAIDEN 16. BIRTHPLE	of work dona, action of work dona, action of work dona, as Si Mill. BANK, at assed last work coupation (mon-country) Villia ACE (city or town) or country) NAME El ACE (city or town or country)	m Brown eanore yn) Eary O. F.	land cyland Viason Vland Home Re	tima (yaars) nt in this 45 upation	Dither Contributory Causes of importance: Contributory Causes of importance: Con
SAWY 9. Industry work SAW 10. Date dae this o yaar) 2. BIRTHPLACE (State or of 13. NAME 14. BIRTHPLA (State 15. MAIDEN 16. BIRTHPLA (State 7. INFORMANT (Address)	of work dona, action of work dona, action of work dona, action of well dona action of work dona, action of work dona, action of work dona action of work dona dona dona dona dona dona dona dona	m Brown eanore vn) Grederic Trederic Tary Trederic	land cyland Viason Vland Home Re	tima (yaars) entin this 45 upation 45	Deter Contributory Causes of importance: Determine the contributory Causes of importance:
SAWY 9. Industry: work SAW 10. Date dae this o yaar) 12. BIRTHPLACE (State or o 13. NAME 14. BIRTHPLI (State 15. MAIDEN 16. BIRTHPLI (State 17. INFORMANT (Address) 18. BURIAL, CREM Placa 19. UNDERTAKER	of work dona, as CER, BDDKKEEF or businass in wes dona, as SI MILL, BANK, at assed last work coupation (mon- country) Villia ACE (city or town) or country) NAME II ACE (city or town) To Oo TATION, OR REAL TIMES.	Mary	land cyland Vilson Home Re	ecords vland	Dither Contributory Causes of importance: Contributory Causes of importance:

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		1915	Attack of epilepsy	1 week ago	
Chronic intersti	Chronic interstitial nephritis		Run over by street car	1 week ago	
Cerebral hemorr	hage	July 5,1927	Peritonitis	3 days ago	
Other contributiones	utory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year	
1	V. W. Sand	Mug1,1920	Vasiroentertus	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT Jo should Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) ement Length of rasidence in gity or town where death occurred How long in U. S. If of foreign birth?_____yrs.____mos. _If U. S. Veteran, specify WAR S (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Day) (Year) 5a. If married, widowed, or divorcad HUSBAND of ancio M. W. 22. That I attended degeased from (or) WIFE ofcertificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE **Yaars** Months Days If LESS then I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of impostence or min. Oath of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... back may should 10. Data dacaased last worked at 11. Total tima (yaars) this occupation (month end spent in this 33 that instructions 12. BtRTHPLACE (city or town (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) _ M. Neme of operation ... (Steta or country) efully What test confirmed diagnosis? p MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town)_______ (State or country) Where did injury occur? ___. OF DEA (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMAN pluods (Address) 18. BURIAL CREMATIO Menner of Injury LION Nature of Injury 24. Wes disease or injury in eny way related to occupetion of deseased: 19. UNOERTAKER (Address) If so, specify _ Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimg

BINDING

RESERVED

ARGIN

S. No. 1

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JE3	xample 1		Example 11	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 1937	July 5, 1927	Peritonitis	3 days ago
	MUNEAU V.	2.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTEARD	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(184)
County Treduck	Registration Dist. No. 13
Village or City Frederick	No. Trade City Hospital St. Ward
	If death occurred in a hospital or institution, give its MAME instead of street and number)
Langth of residanca in city or town whara death occurred yrs, mo:	ds. How long In U.S. if of foralgn birth?yrsds.
2. FULL NAME Harry & Dudill	a for If U. S. Veteran, specify WAR Work
(a) Residence: No. near Hyattotore he	& St., Ward. Was Hyalts town Md.
(Ouloide) (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARNIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LAND 20
male mite single	(Month) (Day) (Yeer)
5e. If merriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
(or) WIFE of	1 VON 20 107 10 WON 20 137
S1X 14- 0-1	l lest saw h was elive on TMM 20 1931 : death is said
6. DATE OF BIRTII (month, day, and yaer) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 9 Pm.
// 2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
1 Ormin.	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER,	China shak Limbian & III-
SAWYER, BOOKKEEPER, atc	A.T. Brook of the control of the con
work was done, es SILK MILL, SAW MILL, BANK, etc.	(4)
Note that the second of the se	
year) occupation	
12. BIRTHPLACE (city or town) Trederick Co.	Other Coutribotory Causes of Importance:
(State or country) mg	
13. NAME Harry E. Bundette	
13. NAME Harry E. Budette 14. BIRTHPLACE (city or town) New Market	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there en autopsy? LY
15. MAIDEN NAME Margaret Mr. Lawren	23. If deeth wes due to external causes (VIOLENCE) fiff in also the following:
15. MAIDEN NAME Margaret M. Dawron 16. BIRTHPLACE (city or town) Frederick Co. (State or country)	Accident, suicide, or home de Tradard Date of injury 20 1931
O 16. BIRTHPLACE (city or town)	Where did Injury occur? Atta History Md
Name & Board al	(Specify city or town, county and State)
17, INFORMANT And Andrews (Addrass)	Specify whather Injury occurred in INDUSTRY, in HOME, onin PUBLIC PLACE.
18. BURIAL BREMATION OR REMOVAL 2 Server	Menner of injury Muntug 7 by Company
Placety Threx Com Date Nov. 2-3, 1937	mennet of injury
166/slain 41	7/3
19, UNDERTAKER (Address)	24. Was disaasa or injury in any way related to occupation of dacaased?
0010	(Signad) JT WALL
20. FILED 22- VINO, 1937 ILQ - 11- may	
Registrar.	(Address)

V. S. No. 1

-WRITE PLA

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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6 × A 6	11			
	-			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
· · · · · · · · · · · · · · · · · · ·				

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	66 P
County Friderich	Registration Dist. No. 138
Village or City Samuelle (IF	No. Regas Costlage Assolution St., Ward death occurred in a norpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds How long In U. S. if of foreign birth? 1.0 yrs
2. FULL NAME Francis Callanan	
(a) Residence: No. 817 Wanduly and Marhushus	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The warried or Divorced (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Callaran	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 2 - 10 - 1874	I last sew han elive on 11 = 11 = 1937; deeth is said
7. AGE Yeers Months Deys If LESS than 1 dayhrs.	to have occurred on the date stated above, at £ 20.4 m.
5 3 9 1 1 day,min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete decesed last worked at this occupation (month and	Eyspethalmie Goilen 1920
work wes done, es SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Steland (Stete or country)	Other Contributory Causes of importance: There and importance: Cardina
13. NAME Saund Falkuer	delirum 1937
14. BIRTHPLACE (city or town) Leadawd (Stete or country)	Name of operation Oete of Whet test confirmed diagnosis? Clause Westhere en autopsy? The
15. MAIDEN NAME England 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT William Callanan (Kushand) (Address) Marshielmer M. Ma	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Martureburg' Date 11- 14 , 1937	Menner of Injury
19. UNDERTAKEROS PALISLES + Raffman (Address) I martinisting y Mar	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED /1-1/ 1987 Lucian H. Falconer Registrar.	(Signed) Kenge H. Maggo M. O (Address) Squareles Red &

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

11(11)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis nec 3 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of in	tation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUI	/
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	MANE	ACT	assifie	
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or-

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick County Registration Dist. No. State Sanatorium, Md. No. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 8 ds. Langth of residence in city or town where death occurred How long in U.S. If of foreign birth?_____vrs.____mos.____ds. 2. FULL NAME Benjamin W. Carle If U. S. Veteran, specify WAR_____ 221 S. Stricker, St. St., Ward. Baltimore, Maryland (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) NOV. Male White Single 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 29 19 37 to Nov. i last saw h 1 m alive on NOV4 April 2 1904 6. DATE OF BIRTH (month, day, and yaer) 7. AGE Yaers Months Days If LESS than to have occurred on the data stated above, at 5, 50 mP l day.____hrs. 33 The PRINCIPAL CAUSE OF DEATH and related causes of importance 4 or min. Data of onset 8. Irade, profession, or particular OCCUPATION kind of work done, as SPINNER. Laborer SAWYER, BOOKKEEPER, etc... Pulmonary Tuberculosis June 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 11. Total time (years) 10. Date deceased last worked at spent in this 16 Yr this occupation (month and vaar) occupetion __ Baltimore. 12, BIRTHPLACE (city or town) ... (Stata or country) Maryland Pulmonary Hemorrhage FATHER 13. NAME Frederick Carle Name of operation___None 14. BIRTHPLACE (city or town) ... --- Pos -South Pote of-(Stata or country) Maryland Whet test confirmed diagnosis? 10-5t - X-Ray -- Wes there an autopsy? 10-MOTHER 15. MAIDEN NAME Annie Zimernack 23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19. 16. BIRTHPLACE (city or town)_____ (Stete or country) Maryland Where did Injury occur? ____. (Specify city or town, county and State) Benjamin W. Carle Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Addrass) Baltimore. Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Balto. Md. Date Unknown 19 Nature of Injury 24. Was disease or Injury in any way related to occupetion of decaased?__ 19. UNDERTAKER M.I. Creader (Address) Thurmout If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 6.	3 days ago
		1466	
		41; Ig	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		100	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state D. Every item of infor-

> stated EXACTLY. properly classified:

> > AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

ation should be carefully supplied.

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Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Enederick	Wilhip	Registration Dist. No. 131	
Village or City Frederick Length of residence in city or town where deeth occur	red Lyrs mo	No. 111 East Streat St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.	
2. FULL NAME Mrs. Frances (a) Residence: No. 111 Fast S	Smith Goll	If U. S. Veteran, specify WAR NONE.	
(a) hesidence. No.	alplace of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female Colored OR-DA	E, MARRIED, WIDOWED. VORCED (write the word)	21. DATE OF DEATH November 25, 193 7 (Month) (Day) (Yeer)	
5a. If marriad, widowad, or divorced H USDAND of (or) WIFE of James Collins		22. I HEREBY CERTIFY. Thet I attended deceased from N.N. 2.3. 197 to N.N. 2.7 192.7	
6. DATE OF BIRTH (month, day, and year) Octob	er 26.1876	I last saw hor elive on N. C 2	
7. AGE Yaars Months De	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 6.2.20.1m M The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
12. BfRTHPLACE (city or town) (State or country) Maryland	MO Totel time (yaars) spent in this 35 occupation	Other Cautributory Causes of Importance:	
13. NAME Albert Smith			
(State of country)		Name of operation	
15. MAIOEN NAME Jucy Hiller 16. BIRTHPLACE (city or town) (State or country) Maryland		23. If death was due to externel causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?	
17. INFORMANT Tosenh Smith (Address) Frederick, ary	Land	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL It . Ple Place Col	asant, Md. 11/28/3719	Manner of Injury	
19. UNDERTAKER M.R. Etchison (Addiess) Frederick, Mary 20. FILED L. N. 1937		24. Was disease or injury in any way raleted to occupation of decassad? If so, specify (Signed) M. D. (Addrass)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.-The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1931	13		
DEC.			
Other contributory causes of importance:	3.3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

Length of residence in city or town where death occurred by vrs If U. S. Veteran, specify WAR (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX S. SINGLE, MARRIED, WIDOWED OR DtVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of yda. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Devs 1 dayhrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... TO. Oate deceesed last worked at this occupation (month end spant in this occupation ___ 5 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) OTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH

> (Month) HEREBY CERTIFY. That I attended deceased from

Date of enset

excuse Was there an autopsy?

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Where did Injury occur?___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury.

(Signed).

24. Was disease or injury in If so, specify AQ

If more blanks tre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Evample II

Example 1		Example 11	
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v. s. /			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

stated EXACTLY. PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. B.—WRITE PL

V. S. No. 1

STATE OF MARYLAND— 1. PLACE OF DEATH Frederick	CERTIFICATE OF DEATH 11917
County Yearsier	Registration Dist. No. 38
Village or City Youndam Mille	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Not named Co	peland
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Lemale 4. Color of RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 5, 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
70-11-10-24	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) / 5 11931	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day Ohrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Nove	Will som infant
kind of work done, as SPINNER, Now	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	
O 10. Date deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Frederick & O (State or country) Manyland	Other Contributory Causes of importance:
13. NAME lames Bolkeland	
14. BIRTHPLACE (city or town) Montgo many 80.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Cable May Mourol 16. BIRTHPLACE (city or town) Moutgoney 60. (State or country) Marsilland	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT James Mouroe (Address) Ljameville, Marylan	Where did Injury occur?
18. BURIAL, CREMATION, OR BEMOVAL Place Tountain Mult m. & Cemethy Date	Manner of injury
19. UNDERTAKER W. E. Falconer	24. Was disease or injury in any way related to occupation of deceased?
(Address) new market mad	If so, specify
20. FILED Hor 5 , 1937 Lucian 1/7 alconer Registrar.	(Signed) anex of Good My D (Address) New Market, Md.

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Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis DFC 3 1937	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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AUSE OF DEATH in plain terms

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	ТН			(23)	45
County	Frederi	ck		Registration Dist. No. 13	9
Village or City Length of residence In c			ium, Md. (If	ND. St., death occurred in a hospital or institution, give its NAME instead of street and n . 9 ds. How long in U.S. if of foreign birth? yrs. mo	Ward wmber)
2. FULL NAME (a) Residence; Np.		F Dento Montg		If U. S. Veteran, specify WAR	Vicelye
		(Usual place	e of abode)	If nonresident give city or town and	State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	hite	OR DIVORCE	RRIED, WIDOWED, ED (write the word) ried	21. DATE OF DEATH NOV. 8 (Month) (Day)	193_7(Year)
a. If married, widowed, or div HUSBAND of (or) WIFE of		L Dent	on	22. I HEREBY CERTIFY, That, I ettended of Oct. 30, 1937, to NOV, 8	
DATE OF BIRTH (month, da	y, and year)	Mar. 3	1897	I last sew h. Qr. alive on NOV. 7	death is said
AGE Years 40	Months 8	Days 5	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, at 4.50. A. N. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Data of onset
S. Trede, profession, or p. kind of work done SAWYER, BDDKKE 9.Industry or business i work was done, as SAW MILL, BANK, ID. Date deceased last wo this occupetion (my year)	, es SPINNER, EPER, etc n which SILK MILL, etc	Housew	ife time (yeers) ent in the nknow	Pulmonary Tuberculosis	Nay 1937
2. BIRTHPLACE (city or town (State or country))	/irgini		Dther Cantributary Causes of Importance:	
I 13. NAME T	saac Sis	_			
14. BIRTHPLACE (city or t (State or country)	own)	/irgini	a	Name of operation None Pos-Spuritum What test confirmed diagnosis Chest X-Ray. Was there an e	utopsy?p_0
15. MAIDEN NAME 16. BIRTHPLACE (city or t (State or country)	оwп)	abeth A Jirgini		23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	
7. INFORMANT (Address)	Lula De	enton.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	OE,
18. BURIAL GREMATION, OR Place-Bethes	REMOVAL		, 10 ,19 37	Manner of injury	
9. UNDERTAKER	Wm. Reul	oin Pum	phrey Registrar.	24. Wes diseese or injury in any way related to occupation of deceased? If so, specify (Signed) Lewart S. Shafe (Address) Lewart S. Shafe	no

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example	I	i i	Example II	
The principal cause of death and i of importance were as follows:	related causes	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	3 m 1 12 mm	1921	Run over by street car	1 week ago
Cerebral hemorrhage		uly5,1927	Peritonitis	3 days ago
DEC	, 1 100, V			
Other contributory causes of impo	rtance:	=11	Other contributory causes of importance:	
Gallstones	Λ	I ay 1,1923	Gastroenteritis	1 year

state

1. PLACE OF DEATH	93-0
County tresuck	Registration Dist. No. 13/
- Villago or City Freduces	No. 489 M Patrick St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?
2. FULL NAME Prime hearl'a Dries	X/-
(a) Residence: No. 489 m Patrick	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SHNGES, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Month) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of Palloc G. Durane,	22. HEREBY CERTIFY, That I attended deceased from
62 1 1010	1937 to 97 W. 14 19 37
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	i last saw h.A elive on
69 / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco
8. Trade, profession, or perticular	were as follows:
Kind of work done, as SPINNER And SAWYER, BOOKKEEPER, etc.	My my scoulite
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years).	typostatic Vrumming ardex.
10. Date deceased last worked at this occupation (month and solution) 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town). Carrole Co	Other Contributory Causes of Importance:
(State or country)	
13. NAME Dennis Brother	
13. NAME Density District 14. BIRTHPLACE (city or town) Carroll Co. (State or country)	Neme of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME (Little of town) Trulic to MAIOEN (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Fallace G. Dirisman	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frequency and	
18. BURIAL, CREMATION, OR REMOVAL Place Tridenck hid Oate Nov-21, 19.3-7	Manner of Injury
Things arendy.	Nature of injury.
19. UNDERTAKER TO: E. La Cline (Address)	24. Was disease or Injury In any way related to occupation of deceased?
2 Azalar zz STMC	(Signed) William Scott Suns M. D.
20. FILER Registrar.	(Address) 7 reverels ma

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
DEC 4 1937	1/1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 144
Village or City Esace flam	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurred 6. 8-yrsmos	sds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Mary Elizabeth all	otteren
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (marie the word) Historical	21. DATE OF DEATH / / / 193 / (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Lamuel It Dotterer	1 HEREBY CERTIFY. Thet I ettended decased from Nov. 15 1937
6. DATE OF BIRTH (month, day, end year) Alee 11 ch 1846	Hast save and elive on Noo. 14, 1937; death is said
7. AGE Yeers Months Oays If LESS than	to hava occurrad on tha date stated abova, at
90 11 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence ware as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEPER, etc.	Tokanstion due to Jun 15
work was done, es SILK MILL, SAW MILL, BANK, etc.	3/
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last workad at this occupetion (month and spent in this	Chronoscleroscel duration not stated.
yaar) occupetion	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Othal Continuery Causes of Importance.
(State or country)	none-
13. NAME Sofres It Terons	
14. BIRTHPLACE (city or town) Magylord	Nama of operation Dete of
(Steta of country)	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Lyapy sale	23. If death was due to external causes (VIOLENCE) fill In elso the following:
6 16. BIRTHPLACE (city or town) Thaty salet	Accident, sulcida, or homicide? Oate of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Desce Deltara	(Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
Placa Affiles Co Lunch 10 Dota Jun 18 , 1937	Nature of injury
19. UNOERTAKER Willhide & Greeger	24. Was disaese or injury In eny wey related to occupation of deceased?
May 17 37 / 201	(Signed) James France M. D.
20. FILEO 1. 192 (Marsh) e formals	(Modress) Thurwant mel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ł!	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	- 45
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 0,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1	PLACE OF DEATH	(3)
	County Jellerch	Registration Dist. No. 145
	Village or City Arghland Jackson	is No. St., Wa
	Length of residence in city or town where death occurred 75 yrs. 1 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?
2	FULL NAME India (For	Qu
V	(a) Residence: No. Ftighland	St Ward.
ACCORD	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Female White OR DIVORCED (vortice the word)	21. DATE OF DEATH November / 3 193 7 (Month) (Oay) (Year)
5a.	If married, widowed, or divorced HUSBAND of Cory WIEE of	22. I HEREBY CERTIFY. That I attended deceased fr
	widow of John W. Garly	april ,1937,10, 2000, 193,
-	DATE OF BIRTH (month, day, and year) ON 11, 186 2	I fast saw har alive on 2000 6 ,1937 ; death is s
7. A	IGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et S
_	/3 / Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on
NO	8. Trade, profession, or particular kind of work done, as SPINNER, Roll States have been been been been been been been be	1. Usernan Box 1,
ATI	9. Industry or business in which work was done, as SILK MILL,	Chance nephrate 1927
CUPATION	SAW WILL, BANN, etc	Stranding of anterior 192
8	10. Oate deceased last worked at this occupation (month and (14.1) (2) spant in this // 6	
	year)	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town) NO Calleston (State or country) 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	arterocholi hat dream 142:
2	13. NAME Gidean) Hanney	
FATHER	14. BIRTHPLACE (city or town) NV Collection	Name of operation Qate of
T	(State or country) Fred, Co, Md.	What test confirmed diagnosis? Classification Was there an au'opsy? 2
OTHER	15. MAIDEN NAME Frances main	23. If death was due to external causes (VIOLENCE) fill in also the following:
10	16. BIRTHPLACE (city or town) W. Elleston	Accident, suicide, or homicide? Date of Injury, 19
Σ	(State or country) I red, Co. Md.	Where did injury occur?(Specify city or town, county and State)
	INFORMANT O Weltsteasly (Address) my cranble ms. R.D.#1	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
~	Pedas Sucres Communication 11-18-19-37	Nature of injury
19.	UNDERTAKER (Addiess) myersrile mi.	24. Was disease or injury In any way related to occupation of deceased?
20. 1	FILEO MOV. 14, 1937 William D. Wachtel	(Signed) Level 14 Todal M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 ucar

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH . \	
County frederick	Registration Dist. No. 132
	NoSt.,Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Ella Frisher	ds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Ses. 9 = Tisher	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day,hrs. Ofhrs.	to have occurred on the data stated above, at 6
9 Trade profession or particular	were as follows: Carcino of left hay Date of onset They 19
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (mgnth and year)	Benanger artemore 1917
12. BIRTHPLACE (city or town) 13 V 2000 (Stata or country)	Othar Cantributary Causes of Importance:
II 13. NAME Sare De leuter	
13. NAME Sere De Ster	Name of operation Date of Was there an autopsy? 2
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT This Let	(Specify city or town, county and State) Specify whether injury occurred in INBUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place LANS: ALL Hill Oate // 8	Manner of Injury
19. UNDERTAKER Gladhill Com Mid.	24. Was disease or injury in any way related to occupation of decaased?
20. FILEO NOVA 8, 1937 D. Fraypon James	(Signed) / Colon / Two M. D. (Address) M. D. Olehan M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 0 1931	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

STATE OF MARYLAND-CERTIFICATE OF DEATH

11	- 1	9	13	0
- 1	1	14	1	
1	-26	0	-	8,

1. PLACE OF DEATH		107.0	
county Frederick		Registration Dist. No. 14	4
Village or City Thurmont		No. St	Ward
Length of residence in city or town where death occurred	_ (If Ovrs mos	f death occurred in a hospital or institution, give its NAME instead of street and no second	umber)
	Fleagle		5
(a) Residence: No. Thurmont		o. o. veterall, specify wan	
(a) Residence: No. (Usual place of a	abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULAR	JLARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (* Wid W)	write the word)	21. DATE OF DEATH November. 3 rd. (Month) (Day)	, 1937
5a. If married, widowed, or divorced HUSBAND of Lillia A. Creager (or) WIFE of Lillia A.		22. I HEREBY CERTIFY, That I attended of 28 1937 to 7000 3	decaasad from
6. DATE OF BIRTH (month, day, and year) NOV . IIth .	1842	I lest saw h- Lin eliva on Mov. 3 1937	; death is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at	
	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, Day labore SAWYER, BOOKKEEPER, atc. Day labore Industry or business in which work was dona, as SILK MILL, Farm Work SAW MILL, BANK, etc.	er	Bronchofneumoma	100.1-37
10. Date dacaased lest worked at this occupation (month end 1910 11. Total time spent in occupation (month e	n this		
12. BIRTHPLACE (city or town) Tankeytown. (State or country)		Other Contributory Causes of Importance:	Oct 28.3
13. NAME David Fleagle			
14. BIRTHPLACE (city or town) (Steta or country) Holland		Neme of operation Dete of	
15. MAIDEN NAME Margaret. not ki	nown	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town) (State or coun'ry) Holland		Accident, suicide, or homicide? 700 Date of injury Whare did Injury occur?	
17. INFORMANT Goerge W. Fleat (Address) Thurmont.	mD MD	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:) ICE.
18. BURIAL, CREMATION, OR REMOVAL Place Thurmont U, B. Cemte Nov. (5th. ₁₉ 37	Menner of Injury	
19. UNDERTAKER M. I. Creager & A. (Address) Thurmont. MD		24. Wes disease or injury In any way ralated to occupation of deceased?	ro
20. FILED / 12. 3 1937 Ama M:	Registrar.	(Addyss) Their whit med	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1037			
DEL. 2	11	у	
Other contributory causes of importance: V. S		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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LION

20. FILED 15 - Nov. 1937 La

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Registrar.

If so, specify.

(Addrass)

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Cerebral hemorrhage DEC 4 1931	July 5,1927	Peritonitis	3 days ago
BUNNEY, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state Every item of infor-Exact statement of OCCUPA. NFADING INK-THIS IS A PERMANENT REC properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE O	F DEATH Frederick			(3)
		city Mear Buck		√n (i d <u>₿</u> 0 yrs, mo	No. No. No. Registration Dist. No. 136 No. No. No. Registration Dist. No. 136 No. No. No. Registration Dist. No. 136 No.
2	. FULL NA		garet keyst	Mossburg Fown, Md.	If U. S. Veteran, specify WAR None
	DEDCO			place of abode)	If nonresident give city or town and State
	emale	4. COLOR OR RACE	S. SINGLE OR DIV	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH Uvenuer 16, 193 7 (Month) (Day) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	George H.	Fry		22. I HEREBY CERTIFY, That I attended deceased from 1937 to Nov. 16 1937
6. E	AGE Ye		ptember Day	If LESS than	I lest saw h P aliva on 16 , 19 3 2; death is said to have occurred on the date stated above, et 9 • 45 P m.
OCCUPATION	9. Industry or work wa SAW MI	ession, or particular work dona, as SPINNER, t, BOOKKEEPER, etc businass in which ss done, as SILK MILL, LLL, BANK, etc sed last worked at apation (month and	At JI	ome Total time (years) spent in this 35 occupation	(Shock)
_	BIRTHPLACE (c (State or cou	ity or town)	Land		Other Contributory Causes of Importance: Pulmonary Tuberculous Tuberculous ententia ?
FAIHER	(State o		rylan		Name of operation Nove Date of Whet test confirmed diagnosis? Clinical Wes there an autopsy? No
MOTHER 17.	(State o	E (city or town)	Phili rylan C. Fi	i ry	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	BURIAL, CREMA	TION, OR REMOVAL Un veitsville,	ion Co Volte	emetery 11/19, 1937	Manner of Injury
	(Address)	Prederick,	ison a	': Son Land	24. Was disease or Injury in any way releted to occupation of decaased? If so, specify (Signed) Signum R. Nowak M. D.
20.	FILED AND	17.,193.7	blanks are no	Registrar.	(Address) (Amstown, Waryland M. D., 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis DEC 2 131	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSEAU			
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11 12
		4	

If more blanks are needed, address Sine Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

infor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
info	1. PLACE OF DEATH	(820)
our of occording	County Water	Registration Dist. No
item item of of		ND. St., death occurred in a hospital or institution, give its NAME instead of street and nu
LNS LNS ent	00 00.11 . 2	ds. How long in U.S. if of foreign birth?yrsmos.
CORD. Every PHYSICIANS oct statement	2. FULL NAME Adults Virginia Tr	If U.S. Veteran specify WAR
RD YS	(a) Residence: No (Usual piace of abode)	St., Ward. If nonresident give city or town and St.
RECO FRECO Fract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE COL'M	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH—Mov. 25
DING ANEN ACTI Ssifted.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended de
BINDIN ERMANI EXACT y classific	113 47 27	,19,to
BII BIII BIII BIII BIII BIII BIII BIII	6. DATE OF BIRTH (month, day, and year)	i last saw h alive on
FOR B] IS A PE stated E properly certificate	7. AGE Yeers Months Deys If LESS than 1 day,hrs. ormin.	to heve occurred on the dete steted ebove, et
70	2 Trade n'ofession or particular	Probable cerebral termologe
SERVE VK—TH Should I it may I	9. Industry or business in which work was dona as SILK MILL.	Infant was dead, when physician sominada.
INK INK S sh		and moling
Z	12. BIRTHPLACE (city or town) West Variation	Other Contributory Causes of Importance: An ingress was held a and it some desided
ARGIN INFADII pplied.	(State or country)	infant had died boson notival consess.
MARG UNFA supplied n terms,	13. NAME Marvin Trye	no more obtainables
y sup	13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of What test confirmed diegnosis? Class col Westhere an au
5 = 7	15. MAIDEN NAME Gra Hough	23. If death was due to external causes (VIDLENCE) fill In also the following:
INLY, WI be careful EATH in printing	15. MAIDEN NAME 6 PA Hough 16. BIRTHPLACE (city or town) Cled Vinginia (State or country)	Accidant, suicide, or homicide? Date of Injury
be carried	State or country)	Where did injury occur? (Specily city or town, county and State)
PLAINLY, hould be can OF DEATH very import	17. INFDRMANT Marin (Address) August 18.	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLAC
E-7 10	18. BURIAL, CREMATION, OR REMOVAL VE Date Nove, 25 1937	Menner of Injury
TWRITE CAUSE CAUSE TION is	0115.00	Nature of injury
i g	19. UNDERTAKER CITY TELLY TO CANADA C	24. Was disease or injury in any wey ralated to occupation of decaesed?
S. N.	Sunday Su	(Signed) a Jallon June
s z	20. FILED ACTU ZS , 193 / MARCH S. LT . D. Projector	(Address) elesson md

?_______ds. ident give city or town and State ATE OF DEATH 25 IFY, That I attended deceesed from 19..... , 19....; death is said 4 /A.m. causes of Importanca Date of onset cean prined it was decided the atural courses. Date of Wes there an aulopsy? CE) fill In also the following: ____ Date of Injury______ 19_____ ity or town, county and State)
in HOME, or in PUBLIC PLACE. occupation of dacaesed? .. Mo.

MALHUM CONSORVER THEIR STREET

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ż

of OCCUPA-

	STATE	JF MAR	YLAND-	CERTIFICATE OF DEATH	06
1. PLACE O	F DEATH			(93-0)	
County	Panniak			Registration Dist. No. 145	
/	City		6 yrs. 8 mos	No. St., If death occurred in a horpital or institution, give its NAME instead of street and number, os. 24 ds. How long in U.S. If of foreign birth?	Ward
	ME James			if U. S. Veteran, specify WAR	
(a) Reside				St., Ward.	
PERSON	NAL AND STATIST	(Usual place		If nonresident give city or town and State	
3. SEX	AL AND STATIST		RRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Male	White	OR DIVORCI	ED (write the word)	Nov. 25 193/	ear)
5a. If married, wido HUSBAND of (or) WIFE of	Med, or divorced	Garnan	i e	22. I HEREBY CERTIFY. Thet I attended decease ST. 1937, to Nov 22, 19	ed from
6. DATE OF BIRTH	(month, day, and yeer)	rch 1,	1851	I last sew hy alive on	/
7. AGE Ye	ars Months	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 1230 Pin.	
SAWYER 9. Industry or	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which as done, as SILK MILL, LL, BANK, etc	Parmer Own f	arm	Chy, Nuyo carditis Ja,	93
	sed last worked at upation (month and Last worked at upation (month and Last worked at upation)	spe 000	time (years) ent in this supation	Other Contributory Causes of Importance:	
13. NAME	Daniel Garn	and			
	E (city or town) ICTOU	aville,	Ma,	Neme of operation Date of What test confirmed diagnosis? Was there an eutopsy(2
15. MAIDEN NA	AME Mary Du	trow		23. If deeth wes due to external causes (VIOLENCE) fill In also the following:	·M
	E (city or town)	anoville	9, M.	Accident, suicide, or homicide?	9
17. INFORMANT (Address)	Clar Carn			(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMA		FDete 11,	/22	Manner of Injury	
19. UNDERTAKER (Address)	Gladhill C Widdle 27,1937 Ni	ton,	Maghtal	24. Was diseese or Injury In any wey related to occupation of deceased? Ho If so, specify (Signed) June 14	au n
20. FILED	19.2	mam D.	Registrar.	(Address) Dan & Al to sen	ni. U

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 30			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis:	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA-D. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. KLY, WITH -WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210 fra
County Frederick	Registration Dist. No. 2
Village or City montance Co	ND. Encluding Homitable Ward death occurred in a hospital of institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Jun . (v) . Scalau	If U. S. Veteran, specify WAR Nove
(a) Residence: No. Two ordville heistrict	25td Co Ward. Wardrille Jud. W. Co. M.d.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. ff married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND OF Olice Graham	22. I HEREBY CERTIFY, That I ettended deceased from Qct 30/10, 1937, to Nov. 17, 1937
6. DATE OF BIRTH (month, day, end year) Sunce 29,187	I fest sew h.j. M. elive on Nov 1 6, 1937; death is seld
7. AGE Yeers Months Days If LESS then	to heve occurred on the date steted above, at 2.2.4.m.
65 4 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	abscus of left-line 21-20
Kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed fest worked at this occupation (month and control of the security in this security in this security in the securit	0 0
10. Dete decesed fest worked at this occupation (month and Ocean 113) 11. Total time (yeers) spent in this upper)	
12. BIRTHPLACE (city or town) Was as duille heistrict	Other Contributory Causes of Importance:
(State or country) 3red - Co. Mo.	Fraches Titel left side aux, 198
13. NAME Cater Justian	
13. NAME (atter qualiant) 14. BIRTHPLACE (city or town) The design By	Neme of operation Dete of
(State of country)	Whet test confirmed diegnosis? Wes there en europsy?
15. MAIDEN NAME naney Jughen	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME rancy Files 16. BIRTHPLACE (city or town) Iradesich Co:	Accident, suicide, or homicide? Leadure. Date of Injury. 19.37.
(State or country) Manyland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mins Carthonine Smith	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMAINS	Menner of Injury authornolide accident
Place A Date Date 100, 19)	Nature of Injury Frankers of 7 - Ret on left with
19. UNDERTAKER H. Mr. Swiftler	24. Wes disease or Injury in any way releted to occupation of deceased?
20, FILED 18 NAV 1937 Ina ME Curly	(Signed) 2001100000 M.D.
Registran	(Address)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 4 1997			
- V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-PHYSICIANS should state properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

WRITE PL

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

County	Freder	ick,		Registration Dist. No. 13	9
Village or City	State S	Sanatori	(16	No. St, death occurred in a hospital or institution, give its NAME instead of street and 14 ds. How long in U.S. if of foreign birth? yrs. m	ward number)
2. FULL NAME_ (a) Residence: No	Elizabe			If U. S. Veteran, specify WAR St., Ward. Baltimore, Marylar If nonresident give city or town and	d.
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH	Diale
s. sex 4. co	OLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH NOV. 25 (Month) (Day)	., 193. 7 (Yaar)
ia. If married, widowed, or HUSBAND of (or) WIFE of		Unknown	1872	22. I HEREBY CERTIFY, That I attended Mar. 11 19 36 to NOV. 21	5, 19.37
6. DATE OF BIRTH (month) 7. AGE Years	Months	Aug. 8	If LESS than	to heve occurred on the date stated above, at 10.15 mP.M.	e, death is so
65	3	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:	Date of onse
9. Industry or busines work was done, SAW MILL, BAN	KEEPER, etc	Attendar	nt. ime (years) nt in this nkn ow	Pulmonary Tuberculosis a Other Contributory Causes of Importence:	Mar. 1933
(State or country)		Maryland	i.	-	
13. NAME	John S	inclair			
14. BIRTHPLACE (city (or town)y)	Maryland	a.	Neme of operation Done Date of What test confirmed diagnosis? Chest X—Raywas thera an	
AZ. INFORMANT	lizabeth	Maryland A. Gree		23. If daeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	, 19 ite)
18. BURIAL, CREMATION, C	Raltimore REMOVAL ngton, D		known, 19	Menner of Injury	
19. UNDERTAKER	M.L.Cre Thurmon	410-77	Registrar.	24. Wes diseasa or injury in any wey related to occupation of deceased? If so, specify (Signed) (Address) (Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		· Rei	
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis EC	1 year
		(C)	e 3
			37

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be hation should be carefully supplied. WRITE

V. S. No. 1

L PLACE OF DEATH	(B)
County Trederick	Registration Dist. No. 138
	NoSt.,W f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50_yrsmos	ds. How long In U.S. if of foreign blrth?yrsmos
2. FULL NAME ! achel fane Griffe	th
(a) Residence: No. New Marsher (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternal White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 28 193 7 (Month) (Day) (Year
If married, widowed, or divorced HUSBAND of (or) WIFE of Lebberry Levilletts	1 HEREBY CERTIFY, That I attended deceased
0.0000000000000000000000000000000000000	Ullest saw her allow on Mary 2 fr
DATE OF BIRTH (month, day, end yeer) AGE Years Months Days If LESS than	VI last saw have alive on 1000 and 1900 in 190
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows: Datanto
kind of work done, as SPINNER, House Cufe	Chronic inter ato tie methodic 12
9. Industry or business in which	pome //
work was done, es SILK MILL dosing won work	
ID. Date deceased last worked et this occupation (month end spent in this spent in this	
year) Apr 1937 occupation 75	Dther Coutributory Causes of Importance:
BIRTHPLACE (city or town)	
(State or country) Wary land	
13. NAME William & Norris	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Waryland	What test confirmed diagnosis? Church Was there an eu'opsy?
15. MAIDEN NAMEHENERALTA Preseditti	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland-	Where did injury occur? (Specify city or town, county and State)
INFORMANT Mrs. Carrie Ridgaway. (Address)	Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
BURIAL CREMATION, OF SEMANAVANTOVECO Mdi	Manner of injury
uakeer 6 emetary, Dete 11- 30, 1937	Nature of injury
UNDERTAKER LU & Falcours! (Address) New Mark et Md,	24. Was disease or injury in eny way related to occupation of deceased?
FILED Mar 28, 1927 Lucian K. Falcones	(Signed) Were Market Md.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1931	July 5,1927	Peritonitis	3 days ago
BURLAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				()3))	
County reder	1-ak			Registration Dist. No. 144	
Village or City	r Thu		O (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	Ward
2. FILL NAME Geor	ge Chr			Grushan S. Veteran, specify WAR NO	
(a) Residence: No.	_			e St., Ward.	
(a) residence. No.	rnur	(Usual place	of abode)	If nonresident give city or town and State	
PERSONAL AND ST	TATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR Whit		SINGLE, MAR OR DIVORCEI W1doy	RfED, WIDOWED, O (write the word) Yed	21. DATE OF DEATH November. 18, 193.7 (Month) (Day) (Yes	er)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of May B	ell st	aub		22. HEREBY CERTIFY, That f attended deceased 1937, to 1948 1949	1 from 8.7.
6. DATE OF BIRTH (month, day, and y 7. AGE Years 68	Months 3	ust I	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5 A; m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	fonset
SAWYER, BOOKKEEPER, et SAWYER, BOOKKEEPER, et SAWYER, BOOKKEEPER, et Work was done, as SILK M SAW MILL, BANK, etc	ill, Labo	rer o	orer n farms ne (years) nt in this pation 50	Chronic Alerial Echon 19.	81-
12. BfRTHPLACE (city or town) (State or country)	Thurmo			Ohrowe Mefferth 198	30
13. NAME John C.	Grush	on		1 Cher A	
13. NAME JOHN C. 14. BIRTHPLACE (city or town) (State or country)	Middl		/id.	Neme of operation Date of Date of Was there an autopsy?.	'n
15. MAIOEN NAME Susar	R. Mu	mford		23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)			-512	Accident, suicide, or homicide?, 19	
(State or country) 17. INFORMANT MPS Ju (Address) Thurm		Clin	MD .	Where did injury occur?	
18. BURIAL, CREMATION, OR REMOVA	AL	Date NO	v21:37	Manner of injury	
19. UNDERTAKER	mont.	a M.	Jones Registrar.	24. Wes disease or injury in any way releted to occupation of deceased? If so, specify (Signed) (Address) (Address) 24. Z. N. Charles Street, Baltimore, Requesting V. S. No. z.	_ M. D

V. S. No. 1

PHYSICIANS should state AD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT RE

MARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

AUSE OF DEATH in plain terms, so that it may

TION is very important.

nation should be carefully supplied.

Exact statement of OCCUPA.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W MIREAU	~		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

17. INFORMANT

19. UNDERTAKER

18. BURIAL,

(Address)

(Address)

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1932
1	1. PLACE OF DEATH	925	17
	county Frderices	Registration Dist. No.	5/
	Village or City Pibrilis foron	No. St.	Ward
		death occurred in a hospital or institution, give its NAME instead of street and n	umber)
	Length of residence In city or town where death occurredyrsmos.		sds.
2	2. FULL NAME ballio Elizabeth A ann	nond	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH YOU 2370 (Month) (Day)	193
6.	DATE OF BIRTH (month, day, end yeer) AGE Years Months 72 Months 72 Months 72 Months 72 Months 73 Months 74 Months Mont	22. Och, 314, 1937, to 2370 I last saw h 24 alive on 237, to 2370, 1937 to have occurred on the date stated above, at 4500 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc	Edema of Jungs	Hot wish
CUPA	work was done, as SILK MILL, SAW MILL, BANK, etc	Effuion into Teritordum	Nov. 19"
00	10. Date deceased last worked at this occupation month and year) 11. Total time (years) spent in this 35 yrd occupation.	Other Contributory Causes of Importance:	
12	2. BIRTHPLACE (city or town) Survey town, md. (State or country)	Ourmin Musearditis	Qua 34/
HER	13. NAME Dr a.a. Sappington		7
FATHER	14. BIRTHPLACE (city or town) & Week forward (State or country) md	Name of operation	utoosv?
OTHER	15. MAIDEN NAME Sun Eo, manly 16. BIRTHPLACE (city or town) tradence (23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	:
Σ	(State or country) Md	Where did injury occur?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Registrar.

Manner of Injury

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
the second personal superior and the second			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11933
1. PLACE OF DEATH County Frederick	Registration Dist. No. 130
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Residence: No. (a) Residence: No. (b) Residence: No. (C) Sull place of abode)	ouald It 5. S. Veteran, specify WAR Nove St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 17 (Month) (Dey) (Veer)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE ol	22. I HEREBY CERTIFY, That i attended deceased from
5. DATE OF BIRTH (month, dey, end yeer) Epul 29, 1937	I lost saw h som alive en alive en alive en Nav. 17, 19.37; deeth is sai
7. AGE Yeers Months Deys If LESS then 1 dey,	to heve occurred on the dete steted ebove, et _ 5 m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SIŁK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked et this occupetion (month end year) occupetion.	Oncumbria, with plansing, WHIII
12. BIRTHPLACE (city or town) Frederich Co. (Stete or country) 9nd.	Other Contributory Causes of Importance: The embalmer told thy- f sian Alexa was fluid (amfoyena) in the
13. NAME Causa Sound Hardon 14. BIRTHPLACE (city or town) (Stete or country) Va.	Name of operation
15. MAIDEN NAME Ruth Taylor 16. BIRTHPLACE (city or town). Waynes boro (Stete or country)	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19
17. INFORMANT Evangeline Rice (Address) Ever Josep.	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Com. Dete. 11/19/37,19	Menner of Injury
19. UNDERTAKER M. R. Elchison + Son (Address) Frederich, M. S.	24. Was disease or injury in any wey releted to occupetion of deceased?
20. FILED 200-47, 1937 Part 1 celes	(Signed) Signund Mowak M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS Exact may back instructions See d important pino A

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. No. (If death, occurred in a hospital or institution, give its NAME instead of street and number) Langth of rasidence in city or town where death occurred How long In U.S. If of foreign birth? Alf U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDGWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If marriad, widowed, or divorced (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Month Devs If LESS than 1 day,hrs. DEATH end related ceuses of importance or min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this 2 occupation _. 12. BIRTHPLACE (city or town (State or country) HER 13. NAME Neme of operation__ 14. BIRTHPLACE (city or town) (Stata or country) What tast confirmed diegnosis? Was there an eutopsyle MOTHER 15. MAIDEN NAME 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?_____ Dete of Injury____ 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN (Address) 18. BURIAL, CREMATION. Menner of Injury Natura of injury 24. Was disease or injury In any way ralated to occupation of deceased If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

1. P	LACE OF DEA		F MAR	TLAND-	ECERTIFICATE OF DEATH	1935
		lerick			Registration Dist. No. / 3	5
/	/illage or CityN			(i	No. R • F • D • #1 St., I death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs.	Ward
/	ULL NAME					nosds.
	(a) Residence: No.					
	a) Residence: No.	T T O (10 T T)	(Usual place		St., Ward. If nonresident give city or town ar	d State
	PERSONAL A	ND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
	nale wh	or or race		RfED, WfDOWED, D (write tha word)	21. DATE OF DEATH November 4th., (Month) (Day)	, 193 ⁷ (Year)
HU	arriad, widowad, or div SBAND of) WIFE of Vm		ner		22. HEREBY CERTIFY, That I attendar	d dacassed from
6. DATE	OF BIRTH (month, d	ay, and year) Se	pt. 22,	1877	1	7; death is said
7. AGE	Years 60	Months 1	Deys 12	If LESS than f day,hrs.	to heve occurred on the dete steted above, at le 30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
=	Trade, profession, or kind of work done SAWYER, BDDKKE Industry or business work was dona, as	In which At	ousewife home)	Hy as timer's	Date of one of -11-4-3
10.	SAW MILL, BANK, Date deceased last we this occupation (m year)	orkad at 10/3	11. Total t spe occ	ima (yaars) 40 y nt in this 40 y upation	Diper Contributory Causes of Importance?	
	THPLACE (city or town State or country)) Varyla	ınd		Ul lites Se lingue	••
四 13.	NAME Georg	e W. Rin	elia .			
IL.	BIRTHPLACE (city or t (Stata or country)	town)	land		Nama of operation Dete of What tast confirmed diagnosis? Was there an	
15.	MAIDEN NAME	nervia (rum		23. If death was due to externel causes (VIOLENCE) fill in also the following	
2	BIRTHPLACE (city or t (State or country)				Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St	, 19
(RMANT Ira L Address) Fre	derick,	Md. R.I). # 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE,
-	AL, CREMATION, OR Place MCKALE	M.H.Con	Le Data MOV.	7th, 19.37	Manner of injury	
	ERTAKER M. R (Address) Pro	. Etchis derick.	son & So	n.	24. Was diseasa or injury In any way related to occupation of dacaased?	
20. FILE	11-5	1937 Luci	an K.Fa	lconn Registrar.	(Signad) All U.S. Bacerne & (Address) Frederick Sold	M. D.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEAT Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs,____mos. Length of residence in city or town where death occurred Thu. S. Veteran, specify WAR. If nonresident give eity or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4. COLOR OR RACE (Month) 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE if LESS than Months Days I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. Data of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupetion (month and spent in this year) _____ occupation _____ instructions (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) MOTHER Accident, suicide or homicide? Attacked Date of Injury 1277 1 .. 19.37 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_________ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL if so, specify

V. S. No. 1

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DEATH

BINDING

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



-WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	930
County Frederick	Registration Dist. No. 131
Village or City Frederick	No. 239 Dill Avenue St., Ward
Length of residence in city or town where death occurred 35 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	76
2. FULL NAME Clarence Cromwell H	
(a) Residence: No. 239 Dill Avenue	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR	If honresident give city or fown and State
B. SEX 4. COLOR OR RACE 5. GINGLE, MARRIED, WH	
OR DIVORCED (write th	
1 Tarriou	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. O I HEREBY CERTIFY, That I attended deceased from
(or) Carrie Staley	Jan. 1 1937, to Nov. 5 1937
B. DATE OF BIRTH (month, day, and year) Sept 5. 1	8 60 Nast saw him alive on Nov. 5 , 19 57; death is said
	SS than to have occurred on the date stated above, at 12.30 m.
77 2 0 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were so ipilaws:
8 Trade profession or particular	O pronie myocarfillo.
kind of work done, as SPINNER, Retired Grod SAWYER, BODKKEEPER, etc.	or
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
)
year) occupation occupation	Other Contributory Causes of importance:
Z. BIRTHPLACE (city or town)	A 1-1+1 D A
(State or country) Maryland	Mcule duafation Mars.
13. NAME Albert B. Holtz 14. BIRTHPLACE (city or town) Lary land	
14. BIRTHPLACE (city or town)	Name of operation X Date of X
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Cromwell 16. BIRTHPLACE (city or town) (State or country) Harvland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Haryland	Where did injury occur?
17. INFORMANT Mrs. W. M. Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederick Maryland	
18. BURIAL, CREMATION, OR REMOVAL IIt. Olivet Cem	Manner of Injury
Place Frederick, Id. Date 11/8,	, 19 3.7. Nature of Injury
19 UNDERTAKER M. R. Etchison & Son	24. Was disease or injury in any way related to occupation of decease ?
19. UNDERTAKER A DEALSON & SON (Address) Frederick, Haryland	If so, specify Jol The A
7000-6 25 1 - 2 70 60	(Signed) M. H. M. I.
20. FILED NUT (, 1937 Ma 7 W) MIL	egistar. (Address) Frederick, Maryland
	te Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF M	ARYLAND—CERTIFICATE	OF	DEATH
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Village or City Length of residence in city or town where death occurred (It death occurred in a horpital or institution, give its NAME interest of severe and aux Length of residence in city or town where death occurred (a) Residence: No. (b) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS S.EX 4. COLOR OR BACE S. SINGLE, MARKEED, WIDOWED, ON BYNORED (with the bright S. SINGLE, MARKEED, WIDOWED, ON BYNORED (with the bright) S. II married, widowed, or divorced (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 8. Trade, profession, or particular S. Ward, II ast saw h. M. slive on 19. J. T. AGE 8. Trade, profession, or particular 8. Trade, profession, or particular 8. Trade, profession, or particular 9. Industry or business in which work was done as SILK MILL, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL BAIN, etc. 10. Dete decessed last worked at Ward) 11. Total time (years) or upartion. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Name of injury Name of injury in any way related to occupative of decessed?	ounty Frederick		92-a)	tration Dist. No. 141
Length of residence in city or town where death occurred the state and aum one. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR BACE OR DIVORCED Currier the word of the word of the state of abode of the state of a state and aum of the state of a state and aum of the state of abode of the state of a sta		u.k		St. W
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR BACE OR DIVORCED (smirch the virgid) 5. If married, widewed, or divorced HUSBARD of (or) wife o				
(a) Residence: No. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR BACE S. SINCLE MARRIED, WIDOWED OR DIVORCED Comite the words 55. If married, widowed, or divorced HUSBAND or	ingth of residence in city or town where d	eath occurredmos.	ds. How long in U.S. If of foreign bi	irth?mos
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR BACE. 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Comits the World (Worth) 1. DATE OF DEATH 1. DATE OF DEATH (Worth) 1. DATE OF DEATH 1. DATE OF D	ILL NAME Mystle	M Games	If U.S. Veteran specify WAR	
3. SEX. 4. COLOR OB BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Currice the Worgs For DIVORCED Currice the Worgs 5. If married, widowed, or divorced HUSBAND of Order of Work of HUSBAND of Order of Work of HUSBAND of Order of Work of HUSBAND of Order) Residence: No.			
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word) 5. If married, widowed, or divorced HUSBAND of (Cor) wife of Or) wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Doys If LESS than I dayhrs				
OR DIVORCED (curine the worgh) 1. If married, widowed, or divorced HUSSAID of (or) Wife of (or)				CATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work dome, as SPINNER, SAWER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation month and year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIA, CREMATION OR REMOVAL Date 19. UNDERTAKER 12. I HEREBY CERTIFY, That I attended decessed as the last saled above, at. S	make white	OR DIVORCED (write the word)	Not.	23, 193, 193 (Yeer
7. AGE Years Months Deys If LESS than I day,	SBAND of	Janes	22. I HEREBY CEB	TIFY. That I attended deceesed
7. AGE Years Months Deys If LESS than I day,	OF RIRTH (month day and year)	Mar. 26 1874	I last saw h & alive on O	, 1937; death is
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Dete deceased last worked at his occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Manner of injury Manner of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?			to have occurred on the date stated above, at	CA
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which work was done, as SPILNMILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Date 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	63 7			
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Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION OR REMOVAL Date 19. UNDERTAKER 19. UNDERTAKER Other Coatributory Causes of Importance: Other Coa	ndustry or business in which		Irusty her f	r sirvel
Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION OR REMOVAL Date 19. UNDERTAKER 19. UNDERTAKER Other Coatributory Causes of Importance: Other Coa	SAW MILL, BANK, etc	I was a	gus. was sto	showing
Other Coatributory Causes of Importance: Other Coatributory Causes of I	this occupation (month and	spent in this	Hot met sou	the for Month
12, BIRTHPLACE (city or town) 13, NAME 14, BIRTHPLACE (city or town) 15, MAIDEN NAME 15, MAIDEN NAME 16, BIRTHPLACE (city or town) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 25, Date of Injury 26, Date of Injury 26, Date of Injury 27, Informant 28, Date of Injury 29, Date of Injury 29, UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or injury in any way related to occupation of deceased? 26. Was disease or inju	2.4		Other Coatributory Causes of Importance:	
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Where did injury occurred (Specify city or town, county and Siate) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Date Date 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?		regland.	Accident, suicide, or homicide?	Date of Injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Date Date 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	(State or country)	/	Where did injury occur?	v city or town, county and State)
19. UNDERTAKER C. H. 7 etc. Son. 25, 1937 Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? The	Address) Brefing	met.	Specify whether Injury occurred In INDUSTR	Y, In HOME, or in PUBLIC PLACE.
19. UNDERTAKER C. H. Feeth & Son 24. Was disease or injury in any way related to occupation of deceased? Re	L. CREMATION, OR REMOVAL	1 4 105 2-	Manner of injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	day on I make M	Date	Nature of Injury	
(Address)	RTAKER C. H. 7-4 Address)	to both	24. Was disease or injury in any way related If so, specify	to occupation of deceased?
20, FILED NOV 25, 1937 Mars. Y.S. Jedyis (Signed) Com Mist	Jan 25 1037 144	. V. S. 4 Luis	(Signed)	wish

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Example I		Example II	
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Arteriosclerosis - INEU	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 193!	July 5, 1927	Peritonitis	3 days ago
11 : 12: 21 0. 32	3		
Other contributory causes of importance:	100	Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar,

FOR BINDING

TARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 11939

73			nd .
	Registratio	n Dist. No. 14	0
No.	~~~~	St.,	Ward
death occurred in a horpital or i			
ds. How long in U.S	i. if of foreign birth?_	yrsr	nosds.
4			
St., Ward.			
ot.,waru.	If nonreside	ent give city or town an	d State
MEDICAL		E OF DEATH	20110
21. DATE OF DEAT			
1/10	1713		37
	UJ3 (Month)	(Day)	(Year)
***	5W 65551		
22. I HERE	BYCERTI	FY. That I attended	dacaased from
YLOV 1			
I last saw halive or	Vow 1	3, 195.	7.; death is said
to have occurred on the date	stated above, at _ 2.	30.P.m.	
The PRINCIPAL CAUSE OF I			
actinuses.		1. 8	Date of onset
Ac mundan	y was	- French Au	1-17.54
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-¥	4	-
Other Contributory Causes of	Importance:	1	3,00
Culmin	ang el	lema	
		-13	
Name of operation		Data of	-1
What tast confirmed diagnosis	, Y Pau		
23. If death was due to axterna			T.
Accident, suicide, or homicide	1?	_ Date of injury	, 19
Where did Injury occur?	(8	10	
Specify whether Injury occurr	ad in INDUSTRY, In I	or town, county and Sta HOME, or in PUBLIC PI	ite) .ACE.
Manner of injury			
Nature of Injury			
24. Was disease or Injury In a	ny way related to occi	upation of decaased?	
If so, specify	8-0	à	
(Signed)	en tus	lay	
(Addrass)LC	alkers	wille m	d
III N. Charles Street Balsimore			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- V. S	1:		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

+ te +	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1941)	
infor- state UPA-	1. PLACE OF DEATH	(10)		
ould OCC	County Trederick Cent	Registration Dist. No. / 3/		
shor of O	Village or City Woulding Commence	death occurred in a hospital or institution, gre its NAME instead of street and nur	Ward	
		ds. How long in U. S. if of foreign birth? yrs. mos.		
Every CIANS ement	2. FULL NAME Garmie Line Kline	If U. S. Veteran, specify WAR		
CD. Every YSICIANS statement	(a) Residence: No. Usefsoule Dung Com	St., Ward. Wolfsville	-md	
	(Usual place of abode)	If nonresident give city or town and State		
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
T RE Y. Exa	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	193 7	
ENT TLY ed.	5a. If married, widowed, or divorced	(Month) (Day)	(Year)	
NO S	HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended da	caasad from	
ERMA EXA class	6. DATE OF BIRTH (month, day, and year) Abril 18 1934	last saw h & alive on Nor. 10 ,19 by;	-,	
PI d I	7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at. 7.363m.		
S IS A PI stated 1 properly certificat	3 6 12 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Oate ol enset	
	8. Trade, profession, or particular kind of work dona, as SPINNER,			
HIS be be c of	SAWYER, BOOKKEEPER, etc	Jeg licernia		
vK_T should it may n back	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Laryangeax dipullieria	3'	
Sh sh u	0 10. Oate decaasad last worked at this occupation (month end spent in this			
(T) 400	year) occupation occupation	Othar Centributery Causes of importence:		
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Walfsville			
FAI ied. ns, stru	(State or country) Fre Co mc			
	13. NAME Glenn Kline  14. BIRTHPLACE (city or town) Haspaulle  (State or country)			
Se in se	(State or country)	Name of operation Data of What test confirmed diegnosis? Was there en au	anay Lea	
E SE	110001110	23. If death was due to external causes (VIOL ENCE) fill In also the following:	opsyt	
Y, W caref 'H in ortan	16. BIRTHPLACE (city or town) Malswelle	Accident, suicide, or homicide?		
LY	E (State or country) Frel 60 mg			
PLACY, WI hould be careful of DEATH in prery important.	17. INFORMANT Glunn Teline			
-	(Address) Walfsville MEL  18. BURIAL, CREMATION, OR REMOVAL, J.N. Co. Md.	Mannar of injury		
	Place Walfaville Date nov 11 ,1937	Nature of injury		
Mation GAUS TION	19 UNDERTAKER Gladhill 60	24. Was disease or injury in any way related to occupation of decaased?	re	
TEPH	(Address) middle town md	If so, specify		
	20. FILED (-Nov 1937 Ambeurse	(Signad)	3M. D	
Z	Begistrar,	(Address)	HLA	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage DEG 4 1981	July 5,1927	Perilonitis	3 days ago
BUKEAU'V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is

18. BURIAL, CREMATION, OR REMOVAL

Nov. 13

19. UNDERTAKER (Address)

eath occurred in a	hospital or institution, give its NAME instea	St., Wa ad of street and number)
ds. How	w long in U.S. if of foreign birth?	yrsmos
St.,	Ward.	ly or town and State
М	MEDICAL CERTIFICATE OF	
21. DATE O		
	Nov.	//- 1937
	(Month) (	Dey) (Year)
22.0 1	HEREBY CERTIFY, TH	hat I atlended deceased from
	300 ,1934 ,10 Nov	
	alive on Nove 10 -	
	on the date stated above, at 10- A-n	
The PRINCIPAL were as follows:	CAUSE OF DEATH and related ceuses of In	
	rterioseleroxis	Date of ons   192
Other Contribute	ory Causes of importance:	may-
Cerebe	al Hemorrhage	1937
Second	Cerebral Hemorthogr	Nov.
	· · · · · · · · · · · · · · · · · · ·	10/
Name of operatio	on	Date of
What test confirm	ned diagnosis?	Wes there an autopsy?
	ue to externel causes (VIOLENCE) fill in als	
	, or homicide? Date of	
23. If death was de		,,
23. If death was de Accident, suicide	GCCUT/	
23. If death was do Accident, suicide, Where did injury	(Specify city or town,	county and State)
23. If death was do Accident, suicide, Where did injury	(Specify city or town, Injury occurred in INDUSTRY, in HOME, or	county and State) In PUBLIC PLACE,
23. If death was do Accident, suicide Where did injury Specify whether I	(Specify city or town, Injury occurred in INDUSTRY, in HOME, or	county and State) In PUBLIC PLACE,
23. If death was do Accident, suicide, Where did injury Specify whether I	(Specify city or town, Injury occurred in INDUSTRY, in HOME, or	county and State) In PUBLIC PLACE.
23. If death was di Accident, suicide, Where did injury Specify whether I	(Specify city or town, Injury occurred in INDUSTRY, in HOME, or	
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Registrar

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eath and related causes llows:	Date of onset
20 11 21	
	1 week ago
	1 week ago
	3 days ago
s of importance:	1 year
	of importance:

ADDIMIONAL	an Lan	TOD	THE PROPERTY OF	OFF A PETERSTANCE	TO 37	DISTOROFANT
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BI	PHISILIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

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RD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be martion should be carefully supplied. B. WRITE PL.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82.0)
County Extragally Traited Out	Registration Dist. No. 13
Village or City Montaine Fred md	death occurred in a horpital or institution, give its NAME (retead of street and number)
Length of residence in city or town where deeth occurredyrsmos	
2. FULL NAME mrs martha Krim	If U. S. Veteran, specify WAR
(a) Residence: No. — Low (Usual place of abode)	7 St., Ward. Le Green Md Jee K. W.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBARD of	
(or) WIFE of mr John Kyringen	22. I HEREBY CERTIFY, That I attended decassed from 7, 1937, to Nov \$ 19.3.2
6. DATE OF BIRTH (month, day, and year) Teh, 27-1865	I last saw h. L.T. alive on Med & , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9. Pm.
72 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cerebral hamonhage don 6-3
9. Industry or business in which work was done, as SILK MILL, Our home	
# 1 1 1 Data despeed last worked at 11 Total time (years)	
10. Date decassed last worked at this occupation (month and 06.37) 11. Total time (years) spent In this occupation	
	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Cate 7 0 - Conserva 1030
	Welled- Golerosis 1935
E	Noward according
(State or country)	Name of operation Date of 240
	What test confirmed diegnosis? Wes there an autopsy?
T	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 9	Accident, suicida, or homicide?
1 (Olate of Edulaty)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Jarias Catharine Kath	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL A Sud (MX CO).	Manner of Injury
Place Oak Hil Peu Date Nov 11, 1937	Nature of Injury
19. UNDERTAKER M. L. COLLAGO Han	24. Was diseasa or Injury In any way related to occupation of decaased?
(Address) Thursday Md	If so, specify
20. FILEO 10 - Most, 1937 Ira Manuella Registrat.	(Signad) M. D  (Addrass) Produced med
	2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Superit V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARTLAND	CERTIFICATE OF DEATH 11943
1. PLACE OF DEATH	(108)
county +re dericle	Registration Dist. No. 13
Village or City montance and (If	death occurred in a hospita (or institution, give its NAME intrad of street and number)
Length of residence in city or town where death occurredyrs,mos	/_ ds. Now long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. Clifford Kulin	If U. S. Veteran, specify WAR Would
(a) Residence: No. Smith (bull plage of abode)	St., Ward Smith brug Md. Washing In Information give city for town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Surgle	21. DATE OF DEATH  (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from Qct 25, 1937, to Nov (e
6. DATE OF BIRTH (month, day, and year) Ward 21, 19/1	I last saw h_i_m_ alive on Mod 6, 19.3.); death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
26 Uss 7 16 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
_ \ 8. Trede, profession, or particular \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were as rollows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Wante my or westers Oat 25
3 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc	
year) QQ 1731 occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	0
(State or country) maryland	John porlumonia Pet 25
13. NAME Charles Kuhh.  14. BIRTHPLACE (city or town) Jacky Co.	V
14. BIRTHPLACE (city or town) Jack Co.	Name of operation
(State or country) Wd.	What test confirmed diagnosis? Was there an autopsy? 40
IS. MAIDEN NAME annie Levis	23. If death was due to external causes (VIDLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) June 4: Co.	Accident, suicida, or homicide?
(State or country)	Whare did injury occur?
17. INFORMANT Miso Cathaline Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL THE WAY. W.	Menner of injury
Place Mound Balkipate Provestor 9, 1937	
19. UNDERTAKER Emory Gray	24. Wes diseasa or injury in any way related to occupation of daceasad?
(Addrass) & milhsturg, Mid,	If so, specify
20. FILED Nov 8, 1931 Ira TU- Surly Registrar.	(Signad) 20 Horras M. D.  (Address) Mederich Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Service of the servic	- 130 · 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item PHYSICIANS statement D. Exact BINDING properly MARGIN RESERVED may that terms, plain in OF DEATH bluods

S. No.

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of

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH pluods County Frederick Village or City Mear Frederich (If death occurred in a hospital or institution, give its NAME instead of street and number) __yrs,____mos.____ds. How long in U.S. If of foreign birth?____yrs.____mos.___ Length of residence in city or town where death occurred. William Robert 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. GiUsual place of abode) (2 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. STNGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) lovember Male Thite (Month) 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) February certificate 7. AGE Years to have occurred on the date steted above, at, Months Devs If LESS than 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc .... On 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent In this occupation _ instructions Other Cantributory Causes of importance 12. BIRTHPLACE (city or town) ..... arviano (State or country) FATHER Villian 13 NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?_. MOTHER ine 15. MAIDEN NAME important, 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of Injury______ 19___ 16. BIRTHPLACE (city or town) ..... (State or country) Where did Injury occur?_____ Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) Manner of Injury CAUSE mation TION Nature of injury____ 24. Was diseese or injury in any wey related to occupation of deceased?____ 19. UNDERTAKER .. (Address) If so, specify Registrar. (Address)

Registration Dist. No. Westminister, Md If nonresident give city or town and State CERTIFY, That I attended deceased from Date of onset Coma : Was there an autopsy? ... W. (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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l	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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PARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state
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V. S. No. 1

	YLAND-	CERTIFICATE OF DEATH	1945
1. PLACE OF DEATH		<u></u>	111
county Frederich		Registration Dist. No.	70
Village or City		No. St.,	
Length of residence in city or town where death occurred	vrsmo:	f death occurred in a horpital or institution, give its NAME instead of street and sds How long in U.S. if of foreign birth?yrs	
2. FULL NAME of doing 13	No.	Yore	
(a) Residence: No.		St., Ward.	
(Usual place	of abode)	St., Ward.  If nonresident give city or town ar	d State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
2 1/ OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH NOV. (Day)	, 193 / 
5a. If marriad, widowed of divorced HUSBAND of (or) WIFE of	Sore	22. I HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and year)	1861	Jee   5- , 1935 , to Nov         1934	19.3.
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at	, dadii 13 30
76 1 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular		were as runows.	Date of one
No standard work done, as SPINNER, SAWYER, BOOKKEEPER, etc	wife	- Dishelis Mallili	7-7
S. Industry or Dusiness In which work was done, as SILK MILL, SAW MILL, BANK, etc			
	me (yaars) nt in this pation		
12. BIRTHPLACE (city or town) near Iloud	boro	Other Contributory Causes of importance:	192
(Stata or country) Gredh Gr.	myd.		
13. NAME Tervis Stu	ee		
13. NAME Yews Shu  14. BIRTHPLACE (city or town)		Name of operation Date of_	
(Stata or country) Fresh Go.	Md.	What test confirmad diagnosis? Was thera an	autopsy?
15. MAIDEN NAME Timerva to	arrich	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)		Accident, suicida, or homicide? Date of injury	, 19
(State or country) Fredh Co.	nja.	Where did injury occur? (Specify city or town, county and St	
17. INFORMANT Harry II. Je	Sou	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Ma.		
Place MA Ityle Com. Date Mo	v. 131937	Mannar of injury	
2 Strodelorb		Nature of injury	
19. UNDERTAKER (Addrass)	mi	24. Was disaase or injury in any way related to occupation of dacaased?	
Wild CPP VO	1709	(Signad) la a Steels	BA .
20 FILED // /3 197/	1024	(0.8.00)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Lancard Control of the Control of th			
Other contributory causes of importance:	FERTING.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick Registration Dist. No. 13 0 County Village or City Near Adamstown Nr. Ademstown No. N. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs ____ mos. ___ ds. How long in U.S. if of foreign birth? --- VIS. --- mos. ds. 2. FULL NAME Trving Oliver Lenhart No Was Veteran Adamstown Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Male White (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from Edna Kamsburk (or) WIFE of September 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Days to have occurred on the date stated above, at I day, .... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer 9. Industry or business In which William Bowers work was done, as SILK MILL. SAW MILL, BANK, etc .... 10. Data deceased last worked at 11. Totat time (years) spent in this this occupation (month and occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stata or country) arvland

13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER Virgie E. 15. MAIDEN NAME Coolev

16. BIRTHPLACE (city or town) Maryland (State or country)

Lenhart (Address)

18. BURIAL, CREMATION, OR REMOVAL

Etchison

20. FILED 27 2-16, 19 3

19. UNDERTAKER (Address)

arviend

23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of Injury_____ 19

Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury

24. Was diseasa or Injury In any way related to occupation of daceased? If so, specify

(Address) _.

If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The Part of State of				
Other contributory causes of importance:		Other contributory causes of importance:	K X 31	
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WATER TO THE THE PERSON OF THE PERSON

stated EXACTEY PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA. IS A PERMANENT REC properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate INFADING INK-THIS pe AGE should be USE OF DEATH in plain terms, so that it may mation should be carefully supplied. vary important

WRITE

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V. S. No. 1

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	24
County frederick	Registration Dist. No. 13 0
Village Dr City Mean Adamston  Length of rasidanca In city or town where death occurred yrs. 9  2. FULL NAME Mary Elizabeth  (a) Residence: No. Mary Clauselace of abode)	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. As How long in U.S. If of foreign birth? yrs. mos.  Senhant If U.S. Veteran, specify WAR Manch.  Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale white 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1937 to Mark, 18-1937
DATE OF BIRTH (month, day, and year) Felo, 16, 193	1 I last saw her alive on Mare 13, 1937; death is s
AGE Years Months Days If LESS t 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	feberenlar //knoughis
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	
z. BIRTHPLACE (city or town) Leave Course (State or country)	Other Contributory Causes of Importanca:
13. NAME Twing Q. J. Lenhar	
14. BIRTHPLACE (city or town) / Mariford	Neme of operation Date of Was there an autopsy?
15. MAIDEN NAME Cana & Marrely	23-H deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cana S. Oransku  16. BIRTHPLACE (city or town)  (State or country)  Marylond	Accident, suicide, or homicide? Date of Injury, 19
7. INFORMANT Survey Of Jenhar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMODAL  Place Like Like Date 11/19	Manner of injury
9. UNDERTAKER M: R. Clehison Ho (Address) Fredericks mid	24. Was disease or injury in any way related to occupation of decaased?
O. FILED Just 18, 137 Jany cue	(Signed) A.C. Mussey

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE REAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate. Jo back See important Very ation NOL

RESERVED

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick, County Registration Dist. No. Village or City State Senatorium, Md, No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred Q yrs 10 mos. Q ds. How long in U.S. if of foralgn birth? yrs. mos. ds. 2. FULL NAME Henry Mantegna. If U. S. Veteran, specify WAR Ward. Baltimore, Maryland If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Nov Male White Married 5a. If married, widowed, or divorced HUSBAND of Josephine Mantegna I HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of Novi July 23 1909 6. DATE OF BIRTH (month, day, and year) 7. AGE to have occurred on the date stated above, at4 . 15. Am. M If LESS than Months Days 1 day ....hrs The PRINCIPAL CAUSE OF DEATH end related causas of importance or____min. Date of onset 8. Trede, profession, or particular kind of work dona, as SPINNER, OCCUPATION Mechanic-Auto Pulmonary Tuberculosis SAWYER, BOOKKEEPER, etc .... Oct. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc .... 10. Date deceased lest worked at 11. Total time (years) this occupation (month and year) spent in this 1 Yr Other Contributory Causes of Importence: 12. BIRTHPLACE (city or town). Oklahoma (Stata or country) Tuberculous Meningitis FATHER 13. NAME Salvadore Mantegna 14. BIRTHPLACE (city or town) Name of operation_____ Pos Sputum
Was there an autopsy? (State or country) Italv MOTHER Angeline Fergara 15. MAIDEN NAME 23. If death wes due to axternal causas (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of Injury______19. 16. BIRTHPLACE (city or town) .... (State or country) Ttalv Whare did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Henry Mantegna Baltimore. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Place Balto. Md. Data Unknown .. 24. Was disease or injury in any way ralated to occupation of dacaased?___ no M.L.Creager 19. UNDERTAKER _ (Address) Thurmont If so, specify 20. FILED. Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

D. Every item of infor-Exact statement of OCCUPA. PHYSICIANS UNFADING INK-THIS IS A PERMANENT REX stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	тн			23	
County	Frederi	ck		Registration Dist. No. 13	9
Village or City	State S	anator	ium, Md	NoSt	Ward
Length of residence in o	ity or town where dee	th occurred	(II	No. St., death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs	number) mosds.
2. FULL NAME	Pearl	A. Mil	ler.	If U. S. Veteran, specify WAR	
(a) Residence: No.	Jendel	Was (Usual place	hington (	CO.St., Ward. Maryland.  If nonresident give city or town as	ıd State
PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	or or race s		RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH NOV. 23 (Month) (Dev)	., 193.7 (Yeer)
Se. If merried, widowed, or div	orced			(37)	
HUSBAND of (or) WIFE of	Royal	Mille	r	22. I HEREBY CERTIFY, Thet lattende NOV. 1 1937, to NOV. 2	
6. DATE OF BIRTH (month, de	y, end year) De	c. 18	1901	I last saw h er elive on Nov 23 , 19 3	7; death is said
7. AGE Yeers	Months	Deys	If LESS then	to heve occurred on the dete steted above, et 9 _ 35 _ Pn. M .	
35	11	5	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:	Date of onset
8. Trade, profession, or p kind of work done SAWYER, BOOKKE 9. Industry or business i work wes done, as SAW MILL, BANK, 10. Dete decessed lest wo this occupation (myger)	es SPINNER, FICEPER, etc	11. Totel t	me (yeers) thin thin 5 Yrs	Pulmonary Tuberculosis	Feb.
12. BIRTHPLACE (city or town) (Stete or country)		iar vlan	d .	Other Contributory Causes of importence:	
13. NAME	Jacob P.				
13. NAME  14. BIRTHPLACE (city or t (State or country)	own)	arvlan	d.	Neme of operation None Pos Spublication  Whet test confirmed diegnosing Statement West there en	autopsy?_RO
15. MAIDEN NAME	Marv I		- ?	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following	
15. MAIDEN NAME  16. BIRTHPLACE (city or to (Stete or country)		arylan	d.	Accident, suicide, or homicide? Dete of Injury Where did injury occur?	, 19
	Pearl A. Mendel. M	Miller		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL CREMATION, OR Mt. Tabor Place Fairvi		Dete NO	25,19 37	Menner of Injury	
	A.K.Coffm Lagerstow			24. Wes disease or injury In any wey releted to occupation of deceased?  If so, specify	no Ser
20. FILED 4 74	19	De la company de	Registrar.	(Signed) (Address) State Sana toruln	n md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	11	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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× × × × × × × × × × × × × × × × × × ×

Do. Back. PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-

UNFADING INK—THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PL

BA.	-CERTIFICATE OF DEATH 11950
1. PLACE OF DEATH	942
County Frederick Co.	Registration Dist. No. 131
Village or City Frederick 20,	No. 2331 North Market St. St. Ward
Length of residence in city or town where death occurred & Byrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?mosds.
	1/2.
2. FULL NAME Mrs. Rena Kline Mober	
(a) Residence: No. 2331 North Market St. (Usual place of abode)	PART.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	21. DATE OF DEATH
Female hite Varried	, 193/
5a. If married, widowed, or divorced	
(or) WIFE of Marion S. Moberly	22.   HEREBY CERTIFY, That I ettended deceesed from
	22.   HEREBY CERTIFY, That I ettended decessed from 19th Dec., 19 28, to Nov. 24, 19 37, 19   I last sew h.er alive on Nov. 24, 19 37, ideath is seld
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Deys   If LESS the	
68 7 1 day,	The state of the s
9 Trade profession or posticular	were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOLLSOWITE  9. Jadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home  10. Dete deceased lest worked et this occupation (month end	Angina pectoris 11/24
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc. At Home	
The standard (month one	
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) Maryland	
13. NAME Joseph T. Kline	
13. NAME Joseph T. Kline  14. BIRTHPLACE (city or town)	Name of operation Date of
Totale of country)	Whet test confirmed diegnosis? Clinical Was there an eutopsy? no
15. MAIDEN NAME Caroline Kehne  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town).  (Stete or country)	Accident, sulcide, or homicide? Dete of injury, 19
	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Narian S. Moberly (Address) 233-North Market Street	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Proderick.	Manage of Jaluary
Plece It. Olivet Cem. Date 11/27/3719	Menner of Injury
I' B Ttahian & Goo	
19. UNDERTAKER L. R. Hitchison & Son (Address) Frederick Maryland	24. Was disease or injury in any way related to occupetion of deceased?
0 0 5 10 1	(Signed) M.D.
20. FILED 2 le Nove, 1937 Ina J. M. Jundy	(Address) Flattles

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V. 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR FURTH	Lie Gizti Linkerti	S DI THIBICIAN	

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V. S. No. 1

	ARYLAND—	CERTIFICATE	OF DEF	AIH I	1301
1. PLACE OF DEATH		82-20		1 :	44
County Anedere	4		Registration	Dist. No.	/
Village or City Costacling	Zanace (1	NoNo	stitution, give its NAM	E instead of street an	Ward
Length of residanca in city or town where death occur	red yrsmos	ds. How long In U.S.	if of foreign birth?	yrs	.mosds.
2. FULL NAME Mary Ele	zabeth m	ocedy			
	al place of abode)	CC_St., Ward.		give city or town a	
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH			
	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH	nov.	/3	, 193 7
5a If married widowed or divorced	Married		(Month)	(Day)	(Year)
5a. If mairied, widewed, or divorced HISBAND of (or) WIFE of Henry In	roudy	22. HEREI	BY CERTIF	Y. That I attended	ed decaased from
S. DATE OF BIRTH (month, day, and year) feeley 7. AGE Yaars Months D.	L# 1858 ays If LESS than	I last saw h alive on to have occurred on the date s	<b>a2</b>	.5 a.m.	; death is said
79 9 7	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF D	EATH and related caus	sas of importance	Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	acroife	Carebra	Herry	Rage	11/16/
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at his securation (months and	work				
1D. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) 774 Gasy (State or country)	land	Other Contributory Causes of i	mportance:		
13. NAME Isaac F	tren				
13. NAME Sage f		Name of operation		Data of	
(State or country)	What test confirmed diagnosis?				
15. MAIDEN NAME Elizabeth Er 16. BIRTHPLACE (city or town) DD	un Portner	23. If death was due to axternal	causas (VIDLENCE) fi	II in also the follow	Ing:
(State or country)	(	Accidant, suicide, or homicide?  Whare did injury occur?			
17. INFORMANT Africa In Ma	sudy	Specify whether injury occurre	d in INDUSTRY, in HE	town, county and S OME, or in PUBLIC (	tale) PLACE.
8. BURIAL, CREMATION DR REMOVAL Md.	2 - 1 5 10 20	Manner of injury			
9. UNDERTAKER Willand	nachs 1937	Nature of injury 24. Was disease or Injury In an	y way related to occup	ation of deceased?_	No
(Address)	101	If so, specify	Shan		
20. FILED (1997) 199	Registrar.	(Address)	1/14	X.n	M. D

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Example I Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of ons of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W DEC 2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING

V. S. No. 1

4 71 147 47 47 47	
1. PLACE OF DEATH	93-2)
County Frederick	Registration Dist. No. 131
Village or City Feederick	No. 119 Record St St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  s. 2.7.ds. How long in U.S. If of foreign birth?yrs
(1) 10 P	
2. FULL NAME Vudley lage	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
e. If merried, widowed, or divorced	(month) (bey) (1881)
HUSBAND of Mellie P. Blake Page	HEREBY GERTIFY, Thet I ettended deceased fro
DATE OF BIRTH (month, day, end yeer) July 23 1859	I last sew h alive on 198 7, death is sa
AGE Yeers Months Days If LESS than	to heve occurred on the date stated above at the company of the co
78 3 23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	Myseralle 193
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Indostry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et 11. Total time (years) spent in this	Asterno Selmmer 183
10. Dete deceased lest worked et this occupetion (month end spent in this occupation occupation occupation	
7.0.1	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	South Commence of
	The fall water
- Carrier Lage	
14. BIRTHPLACE (city or town)  (Stete or country)	Name of operation
15. MAIOEN NAME Jereselis Brewer  16. BIRTHPLACE (city or town) Bleasefring  (State or country)	What test confirmed diegnosis? Wes there an eutopsy?
00	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, sulcide, or homicide?
2 0 10 0	Where did Injury occur?(Specify city or town, county and State)
(Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL GREMATION, OR REMOVAL A LEWSUND.	Manner of injury
Place Zest. Oliva tem Octo 11/19 1937	Nature of Injury
9. UNDERTAKER Henry E. Cart Co	24. Was disease or injury in eny way related to occupetion of deceesed
	If so, specify
(Address)	(Signed) A DIMA A DEGREE M.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage DEC 4 1931	July 5, 1927	Peritonitis	3 days ago	
SURFALL VARIANT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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RESERVED

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
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BINDING

RESERVED

ARGIN

Registrar.

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Chronic interstitial nephritis DEC 2 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, c = x , U V . 3			
April 1980			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	DI AUL	Y. CATA	T. OTOT TITIBLE	DESTERNING TO	A) A	TILLBIOLAM

1. PLACE OF DEATH	4.0
County Frederick	Registration Dist. No.
Village or City Sants	No. St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) male while marked marked	21. DATE OF DEATH  Nov. 25 , 19337 . (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Redman  6 DATE OF BIRTH (month day and year) Alice, 4 1860	700.22 1937, to Nov. 25 1937 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 10:30 Q_m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Salver or Dusiness In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Coremona of the 1934
SAW MILL, BANK, etc	Other Contributory Causes of Importanca:
13. NAME John C. Pryor.  14. BIRTHPLACE (city or town) Felsewish C.  (State or country)	Name of operation.  What tast confirmed diagnosis? at operation Was there an aulopsy? Me
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Fruderick  (State or equity)  17. INFORMANT  MM     140tg	23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accidant, sulcide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Linggofd Md Date 1/28 , 1937	Manner of injury
19. UNDERTAKER Palfy Holling 19.  20. FILED 1/26, 1937 6 Phields  Registrar.	24. Was disease or injury in any way related to occupation of decaased? No  If so, specify  (Signed)  (Address)  M. E.

STATE OF MADVI AND CERTIFICATE OF DEATH

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Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

CTAT	FOF	MADVI	AND-	-CERTIFI	CATE	OF	DEA	TU
SIAI	E Ur	MARIL	-UNIA	CERIIFI	CAIL	Or	DEA	

	OF DEATH Frederick		. Syn	Registration Diet No. 13	1
,	r City Frederic	 1	Shin	Nogistration Disc Ho.	
vinage 0	r city 11 0 dol 10	17	(1	No. 220 We Fifth St., Touth occurred in a hospital or institution, give its NAME instead of street and	number)
	residence in city or town where		yrsmos	OA	10sds
	AME William		leose	If U. S. Veteran, specify WAR None	
(a) Resid	dence: No. 220 W.	(Usual place	of shods)	St., Ward.  If nonresident give city or town and	J State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	1 Diale
s.sex Male	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH November 7th, (Month) (Dev)	., 193_7
a. If married, wie HUSBAND o	dowed, or divorced	7 (42 2 2	. 0 (2	(49)	(Yeer)
(or) WIFE o	Ella Feise:	r		22. I HEREBY CERTIFY, That I attended	
DATE OF BOR	H (month, day, and yeer) JU	20 30	075	f fest saw h . im elive on 2007 7 1937	7 . death fo col
	Yeers Months	Deys	If LESS then	to heve occurred on the date steted above, et 10:25 m.	-, ocatii 13 3ai
	62 4	8	1 dey,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were es follows:	
8. Trede, pr	ofession, or perticuler			wate as follows.	Data of onse
SAWY	rul sopumerirul and accioence	Compesin		· Ocute myscardates	
kind SAWY 9. Industry work SAW 10. Dete dec	or business in which was done, as SILK MILL, III of MILL, BANK, etc	ews-Post	- FRET MIN	with pulment esterna	Zun 7
10. Dete dec	eesed lest worked et .				
	ccupetion (month and 9/2)	Sper occu	ime (yeers) nt in this 33 upation		
		1111111111		Other Contributary Causes of Importence:	
2. BfRTHPLACE (Stete or o		vland			
13. NAME	Lewis H. Rec:	se			
13. NAME	ACE (city or town)			Neme of operation Date of	-
(State		aryland		What test confirmed diegnosis? Was there an	10-
15. MAIDEN	NAME Louise St	taley		23. If deeth wes due to externel causes (VIOLENCE) fill In elso the followin	
16. BIRTHPL	ACE (city or town)	ryland		Accident, suicide, or homicide? Dete of Injury  Where did injury occur?	
7. INFORMANT _ (Address)	Franklin B. F 638 Trail A	Reese Ave., Fr	ed'k Md.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	.ACE.
	rederick, Md	Olivet Dete II/	18em. 3	Manner of injury	
9. UNDERTAKER (Address)	M. R. Etch: Frederick,			24. Wes diseese or injury in eny wey related to occupation of deceased?	23
7/4	159 279	Q 701	Cul	(Signed) BOOL	M.
O. FILED. Y. YV.		T. VIL	Registran	(Address) Frederick, Maryland	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Balsimore, Requesting U. S. No. 2.

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# Every item of infor-PHYSICIANS Exact statement properly classified. FOR BINDING certificate. MARGIN RESERVED See instructions on back CAUSE OF DEATH in plain terms, be carefully TION is very important. ation should

WRITE PL.

V.S. No

19, UNOERTAKER (Address)

should state

of OCCUPA-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	11958
1. PLACE OF DEATH	/		
County Fireder	ick Cuto	Registration Dist. No. 13	1,
Village or City Muse		f death occurred in a hospital or institution, give-ital AME instead of sylect and	
Length of residence in city or town where de	eath occurredyrsmos	sds. How long in U.S. if of foreign birth?yr	mosds.
2. FULL NAME Baley	Bon ter	usek If U. S. Veteran, specify WAR	A
(a) Residence: No.	(Usual place of abode)	St., Ward. Walkersville	nd State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27 (Month) (Day)	, 193. 7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	0		ed daceasad from
1	0/ 1/27	1957, 10 000	7 , 19.5
7. AGE Yaars Months	Oeys   If LESS then	1.43	: death is said
7. AGE Yaars Months	Oeys If LESS then 1 day, Q 2—hrs. or—3—min.	to have occurred on the data stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH and releted causes of importanca were es follows:	Oate of enset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	New Born	Allectons	Hon 2
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10. Date decaased last worked at this occupation (month end year)	11. Total tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) Fired	erick Co.	Other Contributory Causes of importance:	
(State or country)	Maryland	/ 	
13. NAME when Levi	o Neguer		
14. BIRTHPLACE (city or town)	derick so.	Name of operation Dete of.	
(State or country)	Maryland	What test confirmed diagnosis? Was there en	n eutopsy?
15. MAIDEN NAME CAUATA	rginis Parseente	23. If death was due to extarnal causes (VIOLENCE) fill in aiso the foilow	ing:
15. MAIOEN NAME Aug 14	derick Co.	Accident, sulcide, or homicide? Oate of injury	, 19
(State or country)	H M L L. C. VIII	Where did injury cours?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

If so, specify

(Address)

24. Was disease or injury In eny way related to occupation of deceased?

(Specify city or town, county and State)
occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

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DEC 4 1951				
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V. S. No. 1

redens	4	(II	No. 4/ Carl	ion, give its NAME instead	St., Ward of street and number)
ity or town where deeth	mes East	2 Seles	1 0 %	specify WAR	
D STATISTICA			MEDICAL CI		
OR OR RACE S.	SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	mon 6	Day) (Yeer)
1 1 5	Sch	rodel			at I ettended deceased from
Months	Deys	If LESS then 1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT		193.7-; deeth is sai
, as SPINNER, EPER, etc	none	OIIIIII.	Chronic My	andsta	Oate of onset
orked et onth and	sper	nt in this	Other Contributory Causes of impo	rtance:	
	my Can	nol	arters cal.		1920
own) In	dani	hung			
un 6.	Sur levies ray	hand	23. If deeth wes due to externel ceu Accident, suicide, or homicide?	ses (VIOLENCE) fill in also	o the following:
LIS S. REMOVAE.	Linich	md.	Manner of Injury	INDUSTRY, in HOME, or I	ounty and State) In PUBLIC PLACE.
erry E.	Gari	- 1951 - Ceo-	Nature Crimjury		deceesed? 2
	ND STATISTICA OR OR RACE S.  Life Orced  Months  Months  Months  PEPER, etc.  In which SILK MILL, etc.	Constitution of the control of the c	ity or town where deeth occurred 72 yrs. 7 mos  Cy C	ity or town where deeth occurred yrs	(Usual place of abode)  If nonresident give circle DR STATISTICAL PARTICULARS  OR OR RACE  S. STATISTICAL PARTICULARS  OR OR RACE  S. STATISTICAL PARTICULARS  DR OR RACE  S. STATISTICAL PARTICULARS  OR OR RACE  S. STATISTICAL PARTICULARS  DR OR RACE  S. STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF  (Month)  (Indication of the control of the contr

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE WEAT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	SHIPPING INTERNATION TO I OIL DIVING	אוויקווית אור ז קו	
WRITE PL ALY, WIT UNFADING INK-THIS IS A PERMANENT REC	UNFADING INK-T	IIS IS A PERMANE	VT RE
mation should be carefully supplied. AGE should be stated EXACTLY. PH	supplied. AGE should	be stated EXACT	LY. PH
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	in terms, so that it may	be properly classified	. Exact
TION is very important. See instructions on back of certificate.	See instructions on back	of certificate.	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	3	6.	13	0
7	1	1.5	21	11
1	1	V	U	U

1. PLACE	OF DEAT	ГН			23	
County_		Frede			Registration Dist. No. 13	
	or City	State	Sanaton	cium, Md	NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,_St.,	ward number)
2. FULL I					If U. S. Veteran, specify WAR	.0sds.
(a) Resi	dence: No		Green Si	Y. <b>g</b>	St., Ward. Laurel, Md. P. /	State
PERS	ONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	W	r or race hite	5. SINGLE, MARI OR DIVORCEI Sing	(write the word)	21. DATE OF DEATH  NOV. 6  (Month) (Dey)	, 193_ 7
5a. If married, w HUSBAND (or) WIFE o	of of			2000	22. I HEREBY CERTIFY, That I attended Aug. 6 ,19 37to NOV. 6	, 19. 3.7
6. DATE OF BIR	***************************************		Aug. 9	1906	I lest sew h i M alive on NOV 6 , 19 37	_; death is said
7. AGE	Years 31	Months 2	Deys	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at S., 50P. M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
SAW Q Industry work SAW 10. Date dethis continued this continued the con	or business in was done, as S MILL, BANK, e ceased last wor occupation (mor	PER, etc. which slik MILL, stc ked et http://www.nich.nc	ew Orlea		Pulmonary Tuberculosis  Other Contributory Causes of Importance:	Jan. 1937
13. NAME		Marti	n Schwar	rtz, Sr.		-
(Stei	ACE (city or to te or country)	wn)	Germany		Name of operation None Pos Spu Catenfi- What test confirmed diagnosis hest X-Ray Wes there an	eutopsy20 Q
15. MAIDEN	NAME	Un	known		23. If death was due to external causes (VIOLENCE) fill in elso the following	
	ACE (city or to e or country)	wn)	La.		Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and Sta	
17. INFORMANT (Address)		artin Saurel.	chwartz Md.	, Jr.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CRE		EMOVAL	Date	, 19	Menner of injury	
19. UNDERTAKEF (Address) 20. FILED		M.L.Cr Thurmo	eager Md	Registrar.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address) Late Lanatorium	

Winte Lloyds Karrer, Laurel undertaken Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 45	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	DEC 4 1937	July 5,1927	Peritonitis	3 days ago
	MIREAUVS			
Other contributory co	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			<u> </u>	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIA
-----------------------------------------------------	------------	-------	-----	---------	------------	------------------------	----------

D. Every item of infor-PHYSICIANS should state of OCCUPA. UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY.

Exact statement properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. WRITE PL

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH					23 BU				
County	E	rederi	ck,			Registration	n Dist. No. 1	39	
Village o	r CityS:	tate S	anatori	um, Md.	No.		st.,	Ward	
Length of	residence In city or t	own where de	ath occurred	(If yrs6mos	death occurred in a hospital of 21 ds. How long in U	r institution, give its NA! .S. if of foreign birth?	ME instead of street ar	mosds.	
2. FULL N	IAME F	rancis	O. Sei	fert	If U. S. Ve	teran, specify WAR_			
					St., Ward. Baltimore, Maryland.  If nonresident give city or town and State				
PERSO	DNAL AND S		-			AL CERTIFICAT			
3. SEX	4. COLOR OR		s. SINGLE, MARRO OR DIVORCED Marri	(write the word)	21. DATE OF DEA	NOV.	1 (Day)	, 193 7 (Year)	
	dowed, or divorced					<u> </u>			
(or) WIFE of		Heler	Seifer	·t	22. I HER April 1	EBY CERTII			
6. DATE OF BIRT	TH (month, day, and	veer)	et. 5 1	913	f last sew h_imalive				
	Yaars 24	Months 60	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the da The PRINCIPAL CAUSE O				
8. Trade, pr	ofession or perticul	ar			were as follows:		i	Date of onset	
a Industry	kind of work done, as SPINNER, Auto-Mechanic SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL,					Tuberculo		Feb.	
10. Date dec this o year)	eesed last worked a ccupation month en		11. Total tim Spent Occup	ne (years) in this 1Yr a					
12. BIRTHPLACE	(city or town)				Other Cantributory Causes	of importance:	4.4		
(State or e	country)	1	Maryland		Tuberculo	us Peritor	nitis		
13. NAME	Ot	to C.	Seifert						
	ACE (city or town) e or country)		aryland	<u> </u>	Name of operation None Date of What test confirmed diagnosis? Chest X—Ra. V Was there an autopsy? 10				
₩ 15. MAIDEN	NAME Ann				23. If death was dua to axta				
15. MAIDEN NAME Anna M. Kunneckee  16. BIRTHPLACE (city or town)  (Stete or country)  Maryland					Accident, suicide, or homic	ide?	_ Date of Injury	, 19	
17. INFORMANT Francis O. Seifert (Address) Baltimore, Md				Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			State) PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Balto. Md. Data Unknown 19					Manner of injury				
19. UNDERTAKER		.Crea			24. Wes diseasa or injury in				
(Address)	Thu Thu	rmont	Md.		(Signed)	rart S. L	haffe	М. О,	
	114/	100		Registrar.	(Address)	cale danc	Lorius	r md	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroen teritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	N
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY FILISIONAL	LA

V. S. No.

	E OF DEATH				210-100
County	Freder	J-CT.	71		Registration Dist. No. 10
	or City	edem	She		No. The derick (atty translated war death occurred in a hospital or institution, give its NAME instead of street and number)
			61		ds. How long in U.S. If of foreign birth?yrsd
	NAME Teh	A === 4	-1 - 6-	on	If U. S. Veteran, specify WAR None
(a) Re	esidence: No. 10		J. Waya place	of abode)	St., Ward. Frederick, d.  If nonresident give give of yor town and State
PERS	SONAL AND		The same of the sa		MEDICAL CERTIFICATE OF DEATH
sex Hele	4. color (		OR DIVORCE	D (write tha word)	21. DATE OF DEATH November 17th 193 7 (Month) (Day) (Yeer)
. If married, HUSBAND	widowed, or divorce	đ			
(or) WIFE	of	I have your good good good go			22. 1 HEREBY CERTIFY, That I ettended decased from 17, 1937, to 2007, 193
DATE OF RI	IRTfl (month, day, a	C Creev bn	vember 2	30, 1920	I lest saw h 1m alive on 200 17, 1937; daath is sa
AGE	Years Years	Months	Deys	If LESS than	to have occurred on the date steted above, at
	16	11	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca
8. Trada,	profession, or partic	cular			Data of one
SA	nd of work done, as WYER, BODKKEEPE	R, etc	Laborer		Calling Jack - her
9-Indust	ry or business in w rk was done, as SILI	hich K MILL, Ra	iffalo I	lestauran	Soull
10. Date d	dacaasad last workad	d at .	11. Total t	ima (years)	GE /
(111	s occupetion (month ar)		S7 spe	nt In this 3	
	CE (city or town) or country)		y Land		Dthar Contributory Causes of importance:
13. NAME	Touis B	. TT.	amith		
	PLACE (city or town tate or country)	)	rvland		Neme of operation Devoce Dete of
		anna	llison		What test confirmed diagnosis? Was there an autopsy?
			7 11.6.17		23. If death wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury
16, BIRTH	PLACE (city or town tate or country)	)	arvland		Where did injury occur? State Hickory 34
7 INFORMAN	arren	P. E.	Smith		(Specify city or flywn, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In DUBLACE
	ss) Prede		Varvler	id	State Kighway ( In the
8. BURIAL, CF Placa	Frederic	k, Id	Date 11/	to Com. 37	Manner of injury Augusture Steffelf  Natura of Injury Occidency
9. UNDERTAK	(ER R.		ison & S		24. Was disease or injury in any way ralated to occupation of deceased?
(Addra:	ss) rede	rack,	Tarylar	ICL .	If so, specify

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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	Example I	Example II		
The principal cause of importance were as	f death and related causes follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 131	July 5,1927	Peritonitis	3 days ago
	SUREAU V. S.			
Other contributory ca	tuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	107
County Fredericks	Within Corporation Registration Dist. No. 13/
Village or City Frederick Ct	No. Trederick City transtate Ward
	(If death occurred in a hospital or institution, give is NAME instead of street and number)
2. FULL NAME GLORES & STATES SOL	If U. S. Veteran, specify WAR
(a) Residence: No. W. a. Word ville Ine Jan	to asind ward. Was Woodville, Trelite Go mid
Oulside) (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White Ourse	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	1 100 1 1931 10 Wm 12 1931
6. DATE OF BIRTH (month, day, and year) apr. 7 1937	I last saw hAAA aliva on 1971; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebova, at
7 month 5 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	P
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Howard Allen Const Manney
work was dona, as SILK MILL, SAW MILL, BANK, etc.	11 (2)
11. Total time (years) this occupation (month end spent in this	
year) occupation	Other Coutributory Causes of Importance;
12. BIRTHPLACE (city or town)  (State or country) Fredericke Country	11
# 13. NAME George W Smeder	1
13. NAME Sterge W. Snyder  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) fredericke Country	What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Olive & howood	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Olive & norwood  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Frederick Co Ma	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT LONGE W. Any der	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL & Jul. K. C. Md.	Manner of injury
Place Prospect Com. Date nov. 14, 193	7. Nature of injury
19. UNDERTAKER H. M. Snyder	24. Was disease or injury in any way related to occupation of deceased?
(Address) mt airy md	If so, specify
20. FILED 13- Nov. 1937 Sea TITE Cendy	(Signed) M. [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example .I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
041			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

	CERTIFICATE OF DEATH 11964
1. PLACE OF DEATH	(159)
County I adonale Militing	Registration Dist. No. 131
Village or City Tre Denick	No. 3 45 West Calub St., Ward feeth, occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurredyrs,mos	s. 4s. How long in U.S. if of foreign birth?
2. FULL NAME Joan Elizabeth Sten	art ministru. S. Veteran, specify WAR
(a) Residence: No. 345 M. O Batrick (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write tha word)	21. DATE OF DEATH  (Month) (Day) (Year)
Sa. If merried, widowed, or divorced	(Month) (Day) (Tear)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from  1937, to Non 1, 1937.
6. DATE OF BIRTH (month, day, end yeer) 200. 5, 1937	I lest saw h elive on 200, 19-32; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the dete stetad above, et 9
1 dey,hrs.	The Fellows CAUSE OF DEATH and rainted couses of importance
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc	Date of onset
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	Primary cause: Premoture Litt. Ough
10. Oata decaesad last worked et this occupetion (month and year)	
12. BIRTHPLACE (city or town) The derich (Stete or country)	Other Contributory Causes of Importance:
	-
14. BIRTHPLACE (city or town) — Tradaichy md.	Nama of operation
(State of Country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME anna may Softher	23. If daath was due to externel causas (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Line of Tilling , and	Accidant, sulcida, or homicida?
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Hasaou Q. Slewart (Address) DH5 W. Pat. St. Tred. 12 md	Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ledence md.	Manner of Injury
Place track. Manual Octo 15, 1937	- Natura of Injury
19. UNOERTAKER School of Low	24. Was disease or injury in any way related to occupation of daceased?
20. FILED 12 - MOV 1937 Ina & ME Curly	Signed) Jacobson M. D.
Regis rar.	(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-D. Every item of infor-NFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. n tion should be carefully supplied. AGE should be TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1	L PLACE OF DEATH	932
	County Praderick	Registration Dist. No. 131
	Village or City Frederick	QNo. 233 Dill Ave. Fred. Md. St. Ward
	(If Langth of residence in city or town where death occurred 31_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  deserving How long in U.S. if of foreign birth?
:	2. FULL NAME John Lewis Clayton Stoc	kman St. U. S. Veteran, specify WAR NONE
	(a) Residence: No. 233 Dill Ave.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word) arried	21. DATE OF DEATH  November 14, 193 7  (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	
	(or) Wift of Susan Virginia Bussard	22.   I HEREBY CERTIFY, That I attended decassed from
	DATE OF DIRECT COLD IN THE COLD INC.	I last saw harmalive on August 1920; death is said
	DATE OF BIRTH (month, day, and year) 12 7 27 1851  AGE Yeers Months Days If LESS than	to have occurred on the date stated abova, at
	1 day,hrs.	The PRINCIPAL CAUSE OF PEATH and related causes of Importance
	8. Trade, profession, or perticular	ware as follows:  Date of onaet
OCCUPATION	kind of work dona, as SPINNER, Retired Januar	14 4 4 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2 1 4 2
PAT	9. Industry or business In which work was done, as SILK MILL Deliblic And work	//
CO	SAW MILL, BANK, etc.	
00	1D. Date decaesed last worked et this occupation (month and 12 3 11. Total time (years) spent in this	1014
_	yaer) occupation	Other Contributory Causes of importanca:
12.	BFRTHPLACE (city or town)	( Smaller Y) NO 182 1633
~	(State or country) Maryland	- O D WWG Y V / / / / /
FATHER	13. NAME John J. Stockman	
AT	14. BIRTHPLACE (city or town)	Name of operation Data of
-	(State or country) Narvland	What test confirmed diagnosis? Was there an autopsy
HER	15. MAIDEN NAME Ann P. Webster	23. If death was dua to external causes (VIDLENCE) fill In also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17.	INFORMANT Mr. Roy M. Stockman (Address) Washington, D. C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL Frederick, Md. Plece Mt. Olivet Cempete 11/16/, 1937	Manner of injury
19	UNDERTAKER M.R. Atchison & Son (Addrass) Frederick, Maryland	24. Wes disaese or injury in any way raleted to occupetion of daceasad?  If so, specify
20.	FILED 15-Nov. 1937 La J. III- Judy Registro.	(Signad) Frederick Naryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	S	TATE OF	MARY	LAND-	CERTIFICATE OF DEATH
	PLACE OF DEAT	· /			
3	County The	cryon	·		Registration Dist. N
	Village or City	alus	lle		No
2. 3. SE	Length of residence is cit FULL NAME  (a) Residence: No.	y or town where dea	th occurred 7.	Stoner	f death occurred in a hospital or institution, give its NAME insteads.  ds. How long in U.S. if of foreign birth?
emonococc	PERSONAL AN	D STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF
3. SE	T 4. COLO	OR/RACE 5	SINGLE, MARR ORDIVORCED	IED, WIDOWED,	21. DATE OF DEATH
5a. 1	f married, widowed, or divor HUSBAND of (or) WIFE of	rced	0		22. I HEREBY CERTIFY, Th
6 D	ATE OF BIRTH (month, day	and year ho	12.18	755	1 last saw h & - alive on 1/- 26-
6. D. 7. AC		Months	Days	II LESS than	to heve occurred on the date stated above, etb
	82	0	24	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Imwere as follows:
NO	8. Trade, profession, or pa kind of work done, of SAWYER, BOOKKEE	rticular es SPINNER, PER, etc	Louse	nde	Testeris relevose
OCCUPATION	9. Industry or business in work wes done, as S SAW MILL, BANK, e	ILK MILL,			
00	10. Date deceased last wor this occupation (mon year)	ith end	11. Total tir speni	ne (years) tin this pation	
12. I	SIRTHPLACE (city or town). (State or country)	2	uk		Other Cautribulary Causes of Importance:
E.B.	13. NAME Jaly	w sto	enle	1	
E	14. BIRTHPLACE (city or to	wn)	.01	ru	Name of operation
MOTHER	15. MAIDEN NAME	My D	eill		What test confirmed diagnosis?
	16. BIRTHPLACE (city or to	wn)/		241	Accident, suicide, or homicide? Date of
17.1	(State or country) NFORMANT WR	Fannies	Bolu	A PH	Where did Injury occur? (Specify city or town, of Specify whether Injury occurred in INOUSTRY, in HOME, or
18. E	(Address) BURIAL, CREMATION, OR R	EMOVAL /	mage	28 1937	Manner of injury
19. (	Place JULY	(5)	Date	18 ,195	Nature of Injury
19. (	INOERTAKER (Address)	ney tous	1 SW	ζ΄	24. Was disease or Injury In any way related to occupation of
20. F	ILEO NOT 28	,370 7/2	Gerf.	wan	(Signed)
9			/	Registrar.	" (AUGIOSS)

Registration Dist. No. _____No.______St., ______Ward death occurred in a hospital or institution, give its NAME instead of street and number) _____ds. How long in U.S. if of foreign birth?_____yrs._____mos.____ds. If U. S. Veteran, specify WAR_____ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) I HEREBY CERTIFY. That I ettended deceased from to have occurred on the date stated above, et____ The PRINCIPAL CAUSE OF DEATH and related causes of Importance Oate of enset What test confirmed diagnosis?_____ Was there an eutopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19____ Where did Injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Nature of Injury 24. Was disease or Injury In any way related to occupetion of deceased?_____ If so, specify ...

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No.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state Exact statement of OCCUPA. Every item of infor-PHYSICIANS should INFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		46-B)	137
County Treducide		Registration Dist. No.	/
Village or City New Yra	udour,	No	St.,Ward
Langth of rasidance in city or town whare death		death occurred in a hospital or institution, give its NAME instead of stre	
m.	Coccurred of 11		
2. FULL NAME Mary	o. It will z	If U. S. Veteran, specify WAR	
(a) Residence: No. P. D. Mes	w Whitelner	St., Ward.  If nonresident give city or to	our and State
PERSONAL AND STATISTICA	(Usual place of abode)	MEDICAL CERTIFICATE OF DEA	
	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 9	7
9 1 911	R DIVORCED (writesthe word)	Rev. 8	. 193 7
Temule / Thite	Married.	(Month) (Day)	(Year)
a. If married, widowad, or divorced	· Sof 16	22. I HEREBY CERTIFY, That i at	tandad dacaased fro
(or) WIFE of Sewas	yruci z.	aug. 20. 1937, to Mod. 8	1937
5. DATE OF BIRTH (month, day, and year)	1. 15,7859	I last sawher aliva on Nov 1 6 ,1	937; death is sai
AGE Years   Months	Days If LESS than	to have occurred on the date stated abova, at 6m.	
78	23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Important were as follows:	1
8. Trade, profession, or particular kind of work dona, as SPINNER,	ý	Hele as lunous.	Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	ise wife	Teneralized arteris Schoon	1 193
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Carribua , stomach	7
SAW MILL, BANK, atc	1	Branch, Premoria.	11-8-
- this occupation (month one	11. Total tima (yaars) spent in this		
yaar)	occupation	Other Coutributory Causes of Importanca:	
12. BIRTHPLACE (city or town) Quin	ell lo		
(Stata or country)	o Mid.		
13. NAME (MULLIN)  14. BIRTHPLACE (city or town)	one		
14. BIRTHPLACE (city or town)			ate of
(State of country)	md.	What tast confirmed diagnosis? Classical June Has th	ere an autopsy?Z
15. MAIDEN NAME Cligabeth.	Shuster	23. If death was due to external causes (VIOL ENCE) fill in also the f	ollowing:
15. MAIDEN NAME Cologateth  16. BIRTHPLACE (city or town)	4	Accident, suicida, or homicida? Data of injury.	
(Stata or country)	, md	Where did injury occur?(Specify city or town, county	
17. INFORMANT Mr. Sewin &	Tulta.	Specify whather Injury occurred In INDUSTRY, in HOME, or In PUB	BLIC PLACE.
(Addrass) new Arn	down I jud		
18. BURIAL, CREMATION OR REMOVAL	n. 14 37	Manner of injury	
Place I fames centy o	ata /101, 10, 1901	Natura of Injury	
	W. Of.	24. Was disease or injury in any way related to occupation of decea	sed? He
10 HNOEDTAKED 10-M	11 acr 2,		
19. UNOERTAKER	Pall md	if so, specify	
	Parla md	(Signed)	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

AGE should be stated EXACTLY.

PHYSICIANS should state b. Every item of infor-

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. -WRITE PL V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1130
	1. PLACE OF DEATH	82-70	
1	County Frederick	Octordo Registration Dist. No. 13/	/
	Village or City my byteme	No. Emergency Hospital 8.	Ward
	Langth of residence in city or hown where deeth occurred	death occurred in a hospital or institution, give its NAME instead of street and n  ds. How ong in U.S. of foreign birth? yrs. mos	
	2. FULL NAME Storal Thomas Su	1	Q
		It U. S. Veteran, specify WAR More	
lithin :	Corporation (Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	Male Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH  Delufer 18  (Month)  (Day)	193.7 (Year)
	5a. If married, widowad, or divorced HUSBAND of Corne Stewart	22. Sept (2) 1937 to Nov 28	leceased from
· ·	6. DATE OF BIRTH (month, day, end year)	Hast sawh cross alive on 20 28 1937	: death is said
-	7. AGE Yaars   Months   Days   If LESS than	to have occurred on the date stated above, at 3.50 m.	,
iii l	72 1865 PD 11 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause of Importance were as follows:	
9	8. Trada, profession, or perticular		Date of oncet
Jo J	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which	Cenebral Lemonohaye	nor 25
back	work was done, as SILK MILL, SAW MILL, BANK, etc.		37
l no	10. Date decaased last worked at 11. Total time (years)		******
	this occupation (month and 1934 spent in this 50		
tio	12. BIRTHPLACE (city or town) Frederick, Co	Other Contributory Causes of Importance:	
instructions	(State or country) md.	artero selevous	1935
inst	13. NAME Glerge Spless		
See	14, BIRTHPLACE (city or town)	Name of operation Data of	
-	(State of country)	What test confirmed diagnosis? Was there an au	ulopsy? Boo
ant.	15. MAIDEN NAME Harret Orose  16. BIRTHPLACE (city or town) Lundy June 1	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
important	16. BIRTHPLACE (city or town) Links Blysman	Accident, sulcida, or homicida? Date of injury	, 19
du	(State or country) maryland	Whera did injury occur? (Specify city or town, county and State	)
ery	17. INFORMANT Unth Ating Clerke. (Address) www.linke	(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	ĆE.
is	18. BURIAL, COMMATION OR REMOVAL Freeleyels, and 54	Mannar of Injury	
- 0	Place T. WWW. Data Delei 1, 1931	Nature of Injury	
TION	19. UNDERTAKER M. R. Etchison & Jones (Address) Frederick, Marie	24. Was disease or injury in any way ralated to occupation of deceasad?	
	20. FILED Declot, 19.37 Ina & ME Jundy Registrar	(Signed) Blothomas  (Address) Frederick, M.	M. D.
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 4 1931			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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de diemas

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12034
1. PLACE OF DEATH	(12)
County Frederick	Registration Dist. No. / 3 /
Village or City Inderick	No. Tred error time Hospital St., Ward death occurred in a hospital or institution, kive its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Robert Valentine	If U. S. Veteran, specify WAR ADVICE STATE
(a) Residence: No. Rocks Rd Red Residence: No. Residence (Usual place of abode)	laide) Ward. Roman Red Le Jud II & Mid
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White married	(Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of (or) WHEE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WHEE OF Catherine ge	200 10 1937 to 200 10 1937
DATE OF BERTH (month, day, and yeer) 786. 16-1895	I last saw h 1 4 alive on 10 ov 10, 19, 37; death is sai
AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2. 75.m.
42 8 35 1dey,hrs.	The And Callette of Death and related causes of importance
8. Trade profession or particular	a cute pulmonary Date of onse
kind of work done, as SPINNER, Foreman	and acute your
9 todustry or business in which	coadine diteletion
kind of work done, as SPINNER, foreman SAWYER, BOOKKEPER, etc  9. tndustry or business in which work wes done, as SILK MILL for all Contractors SAW MILL, BANK, etc  10. Date deceased last worked etc  11. Total time (years) this occupation (month and the property of the second in this occupation (month and the property of the second in this occupation (month and the property of the second in this occupation (month and the property of the second in this occupation (month and the property of the second in this occupation).	
10: Date deceased last worked et this occupation (month end year)	- Sylvenia,
Poller R. B. 10	Other Coutributory Causes of Importance:
BIRTHPLACE (city or town)  (State or country)	Jepue Aury from
to NAME I min to talentin	14 mg lufull
13. HANNE OF COLOR	1 marilla
14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of
D 1/ ha / ml +	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME DE Champe The Choice	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
m. P. H. Commy	Where did Injury occur? (Specify city or town, county and State)
INFORMANT AND CAMPAIN STEERLES	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Acky teage ma	M
Place lacky Ripsa M Dete Non 14 1937	Manner of Injury
, UNDERTAKER M. D. Ereasu Hoz	Nature of Injury
(Address) Thursday Mg	If so, specify
O. FILED 13- Novo, 1937 Ira ME Curdy	(Signed) Frederick red. M.
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Length of residence in city or town where death occurred yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If of foreign birth? yrs mos. 4s. Movings in U.S. If U.S. Veteran, specify WAR.  St. Ward. If uncertident give city or town and State Personal And Statistics of U.S. If U.S. Veteran, specify WAR.  St. Ward. If uncertident give city or town and State Personal And Statistics of U.S. If U.S. Veteran, specify WAR.  St. Ward. If uncertident give city or town and State Personal And Statistics of U.S. Veteran, specify WAR.  St. Ward. If uncertident give city or town and State Personal And Statistics of U.S. Veteran, specify WAR.  St. Ward. If uncertident give city or town and State Personal And Statistics of U.S. Veteran, specify WAR.  St. Ward. If uncertident give city or town and State Personal And Statistics of U.S. Veteran, specify WAR.  St. Ward. Ward.  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  (Month)	1. PLACE OF	DEATH	)			
Village or City Broad Run   Leagth of residence in city or town where death occurred   Leagth of residence in city or town where death occurred   As how long in U.S. if of foreign birth?   The mesh of states and number?   As a construction of the	County	rederick			Registration Dist. No. 132	
Legith of residence in city or form where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, OS. BIVORED (with the word)  INTERIOR OF BIRTH (month, day, and yaar)  5. DATE OF BIRTH (month, day, and yaar)  1. Date of cases of importance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I HER EBY CERTIFY, That I attended dacasas of tromportance ware as fallows:  2. I Last as ware as fallows:  2. I Last as ware as fallows:  2. I Last as ware as fal	Village or City	Village or City Broad Run			Nn.	Ward
2. FULL NAME Laurs N. Willard  (a) Residence: No. (Usual place of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	Length of residen	nce in city or town where	death occurred	Vre mos	f death occurred in a hospital or institution, give its NAME instead of street and number)	do
(a) Residence: No. (Usualplace of abods)  PERSONAL AND STATISTICAL PARTICULARS  DEFINAL AND STATISTICAL PARTICULARS  3. SEX    COLOR OR RACE   S. SINGLE MARRIED, WIDOWED OR DIVORCED Contribe word)   In marifed, widowad, or divorced Married (or) Wife of Tilghman A. Willard    S. Hamaried, widowad, or divorced Married (or) Wife of Tilghman A. Willard   S. DATE OF BIRTH (month, day, and yaar)   Nov. 18 1855   1						
Company   Comp						
3. SEX Female 1. Color or RACE 1. S. SINCLE, MARRIED, WIDOWED, OR DIVORCED Comic the word) 1. The provided of	(a) Residence.	. NO	(Usual place	of abode)	If nonresident give city or town and State	
Temale White OR DIVORCED (white the word)  A partied, widowad, or divorced Mushand Or		L AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
6. DATE OF BIRTH (month, day, and year) Nov. 18 1855  7. AGE Years Months Days If LESS than 16 have occurred on the date stated above, at \$2.0 pm.  8. Trade, profession, or particular for min.  9. Industry or business in which saw with the formal for min.  10. Date of BIRTH LACK (city or business in which saw in this occupation for min.  11. Total time (years) spent in this occupation for country)  12. BIRTHPLACE (city or town) Middle town, Md.  13. NAME Greenbury J R House  14. BIRTHPLACE (city or town) Burkittsville, Md.  15. Maiden or country)  16. BIRTHPLACE (city or town) Burkittsville, Md.  17. Informant Rigley Willard  18. BURTHPLACE (city or town) Burkittsville, Md.  19. Jay 13. No More on the date stated above, at \$2.0 pm.  The PRINCIPAL CAUSE OF DEATH and related causas of importance was a follows:  19. Jay 13. The principal causas of importance was a fill last saw h. a slive on. Late date stated above, at \$2.0 pm.  The PRINCIPAL CAUSE OF DEATH and related causas of importance was a follows:  19. Jay 13. The principal causas of importance was a follows:  19. Jay 13. The principal causas of importance was a follows:  19. Jay 13. The principal causas of importance was a follows:  19. Jay 13. The principal causas of importance was a follows:  19. Jay 13. The principal causas of importance was a follows:  19. Jay 13. The principal causas of importance was a follows:  19. Jay 13. The principal causas of importance was a follows:  19. Jay 13. Jay 14. Jay 1			OR DIVORCE	D (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Worth)	ar)
ADATE OF BIRTH (month, day, and year)  Nov. 1.8 1855  Nor.	5a. If married, widowad, HUSBAND of (or) WIFE of	or divorced Tilghman	A. Will	ard		
The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:  8. Trade, profession, or particular land of work done as SPINNER. House Wife  8. Trade, profession, or particular land of work done as SPINNER. House Wife  SAWER, BOOKKEPER, etc  9. Industry or business in which work was done as SILK MILL, SAMER BOOKKEPER, etc  10. Date decasaed last worked at spent in this occupation work was done as SILK MILL, SAMER BOOKKEPER, etc  11. Total time (yaars) spent in this occupation for country)  12. BIRTHPLACE (city or town) Middle town, Md  13. NAME Greenbury J R House  14. BIRTHPLACE (city or town) Burkittsville, Md  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Burkittsville, Md  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  19. UNDERTAKER Gladhill  19. LONG TAKER Gladhill  19. LONG TAKER Gladhill  20. Long Taker  19. UNDERTAKER Gladhill  21. Company  22. Long Taker  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  24. Was disease or injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address)  19. UNDERTAKER Gladhill  20. Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Signed)  21. Specify whather injury in any way related to occupation of decasaed?  24. Was disease or injury in any way related to occupation of decasaed?  25. Specify  26. Specify  27. Specify  28. Was disease or injury in any way related to occupation of decasaed?  28. Was disease or injury in any way related to occupation of decasaed?  29. Fill ED  20. Specify  20. Specify  21. Specify  22. Was disease or injury in any way related to occupation of decasaed?  24. Was disease or injury in any way related to occupation of decasaed?  25. Specify  26. Specify  27. Specify  28. Specify  29. Specify  20. Specify  20. Specify  20. Specify  20. Specify	6. DATE OF BIRTH (mo	onth, day, and yaar)	ov.18 1	855		
8. Trade profession, or particular sind of set domes as STHNER, House Wife STHNER, House STHNER, House STHNER, House Wife STHNER, House STHNE						
Strade, profession, or particular kind of work done, as SPINNER. House Wife  SAWYER, BODKEFFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWIER, BODKEFFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWIER, BODKEFFER, etc.  10. Date decassed last worked at the work was done, as SILK MILL, SAWILL BARK, atc.  11. Total time (vaars) spent in this occupation month and yaar) John Middle town, Md.  (State or country)  12. BIRTHPLACE (city or town) Middle town, Md.  (State or country)  13. NAME Greenbury JR House  14. BIRTHPLACE (city or town) Burkittsville, Md.  (State or country)  15. MAIDEN NAME Mary Grove  16. BIRTHPLACE (city or town). Burkittsville, Md.  (State or country)  17. INFORMANT Rigley Jllard  (Addrass) Jddletown, Md.  (Addrass) Jddletown, Md.  18. BURIAL, GREMATION, OR REMOVAL  Place Burkittsville Data Nov. 16., 1937.  Nature of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of decassad?  24. Was disease or injury in any way related to occupation of decassad?  19. UNDERTAKER Gladhill Commany  (Address) Middletown Md.  (Signed) A was disease or injury in any way related to occupation of decassad?  (Signed) A was disease or injury in any way related to occupation of decassad?  (Signed) A was disease or injury in any way related to occupation of decassad?  (Signed)	81	11.	26		mare as follows:	innest
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.   14/4/2	8. Trade, professio	n, or particular k done, as SPINNER,	Innea Wi	for	Unema 11/3	-
Dther Contributory Causes of importance:    Description   Company	SAWYER, BO	iness in which	IO WING WIL	40		17
Dther Contributory Causes of importance:  12. BIRTHPLACE (city or town) Middle town, Md.  (State or country)  13. NAME Greenbury J R House  14. BIRTHPLACE (city or town) Burkittsville, Md.  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Burkittsville, Md.  (State or country)  16. BIRTHPLACE (city or town). Burkittsville, Md.  (State or country)  17. INFORMANT Rigley Willard  (Addrass) Middle town, Md.  18. BURIAL (REMATION, OR REMOVAL  Place Burkittsville Data Nov. 16., 1927.  19. UNDERTAKER Gladhill Commany  (Address) Middle town Md.  19. UNDERTAKER Gladhill Commany  (Address) Middle town Md.  19. (Signed) M. Information of decassad? Township of the properties of importance:  19. (Signed) M. Information of importance:  19. (Signed) M. Inf	work was do	ола, as SILK MILL, BANK, atc			Herpes foster 14/1	12;
12. BIRTHPLACE (city or town) MIDDLE TOWN, Mode (State or country)  13. NAME Greenbury JR House  14. BIRTHPLACE (city or town) Burkittsville, Mode (State or country)  15. MAIDEN NAME Mary Grove  16. BIRTHPLACE (city or town) Burkittsville, Mode (State or country)  17. INFORMANT Rigley Villard (Addrass) Middletown, Mode (Addrass) Mode (Addrass) Middletown, Mode (Addrass) Mode (Addra	10. Date decaasad I this occupati yaar)	last worked at ion (month and	11. Total t spe occ	ime (yaars) nt in this upation		
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What tast confirmed diagnosis? Was thara an autopsy? Let 15. MAIDEN NAME  16. BIRTHPLACE (city or town) Burkittsville, Md  (State or country)  What tast confirmed diagnosis? Was thara an autopsy? Let 23. If death was due to external causes (VIOLENCE) fill in also the foliowing:  Accidant, suicide, or homicide? Date of injury, 19.  Where did injury occur?  (Specify city or town, country and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Addrass) Middletown, Md  Manner of injury  Nature of Injury  Nature of Injury  19. UNDERTAKER Gladhill Company  (Address) Middletown Md  (Signed)  (Signed)  (Signed)  (Signed)  Was thara an autopsy? Let 24. Was thara an autopsy? Let 25.  Accidant, suicide, or homicide?  Specify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Signed)  15. Was thast confirmed diagnosis? Curve  Was thare an autopsy? Let 25.  Accidant, suicide, or homicide?  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Superify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or In PUB	13. NAME Gre	enbury J R	House			
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Burkittsville, Md (State or country)  17. INFORMANT Rigley Fillerd (Addrass) Middletown, Md  18. BURIAL, CREMATION, DR REMOVAL Place Burkittsville Data Nove 16, 1937  19. UNDERTAKER Gladhill Company (Address) Middletown Md  19. UNDERTAKER Gladhill Company (Address) Middletown Md  19. UNDERTAKER Gladhill Company (Signed) Manner of injury in any way related to occupation of decaasad?  20. FILED Of Manner of Signed) M. I	14. BIRTHPLACE (ci		ttsvill	e, Md.		
Where did injury occur?  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Addrass) Widdletown, Md  SB. BURIAL, CREMATION, DR REMOVAL  Place Burkittsville Data Nove 16, 1937.  Manner of injury  Nature of Injury  19. UNDERTAKER Gladhill Company  (Address) Middletown Md  Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  19. UNDERTAKER Gladhill Company  (Address) Middletown Md  Signed) Signed M. I	15. MAIDEN NAME	Mary Gr	ove			
IT. INFORMANT Rigley Willard  (Addrass) Middletown, Md  18. BURIAL, CREMATION, DR REMOVAL  Place Burkittsville Data Nove 16, 1937.  19. UNDERTAKER Gladhill Company  (Address) Middletown Md  24. Was disease or injury in any way related to occupation of decaasad?  If so, spacify  (Signed) M. I			ittsvil	le, Md.	Accidant, suicide, or homicide? Date of injury, 19	
18. BURIAL, CREMATION, DR REMOVAL Place Burkittsville Data Nove 16, 1937.  19. UNDERTAKER Gladhill Company (Address Middletsyn Md  15. Spacify (Signed)  (Signed)  Manner of injury Nature of Injury Nature of Injury (Signed)  (Signed)  Manner of injury Nature of	(Addrass)	iddletown.	rd Nd		(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
19. UNDERTAKER Gladhill Company (Address) Middletown Md.  24. Was disease or injury in any way related to occupation of decaasad?  If so, spacify (Signed) / Joseph M. I	18. BURIAL, CREMATION, DR REMOVAL		7.6 7.M	Manner of injury		
(Address) Middletown Md.  If so, spacify  (Signed)	Place BUYK	LLESVIILE.	Data MOV	10,1927	Nature of Injury	
	19. UNDERTAKER .G. ] (Address ) M	adhill Com	many Md.	]		
Acgustat. " (AUG1855)	20. FILED / 100 as	16. 1987. 1.9	To acond	Registrar.	(Signed) (Address) Muddleton, 2nd	M. D.

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Example I	4	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Superau V. S.			
Other contributory causes of importance:	and a	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
34			

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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LY, WIT UNFADI	be carefully supplied. A	LATH in plain terms, so	mportant. See instruction
LY, WIT UNFADI	uld be carefully supplied. A	DEATH in plain terms, so	ry important. See instruction
E PL LY, WIT UNFADI	should be carefully supplied. A	OF DEATH in plain terms, so	s very important. See instruction
-WRITE PL IX, WIT UNFADING INK-THIS IS A PERMANENT RE D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	11000
1. PLACE OF DEATH		8250	
County Frederick	17.	Registration Dist. No. 13	/
Village or City Fredorick	7/10	No. 119 W. Sixth St., f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of rasidenca in city or town where deeth occ			nosds.
2. FULL NAME John Lester	Wilson ,	If U. S. Veteran, specify WAR Mone	
(a) Residence: No. // 9	Justitution (Javail place of abode)	St. Ward. York, Pa.	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH  November 19th,  (Month) (Day)	., 193 17 (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WHFE of Harriett	with	22.   HEREBY CERTIFY, That I attanded	I dacaasad from
5. DATE OF BIRTH (month, day, end year)	Rusen	1 lest sew h   allve on   0 v o   19 th 9 1977	19; daeth is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
this occupation (month end	Orer  11. Total time (years) spant in this	Elretua / Himmus Roge	Date of one ot
12. BIRTHPLACE (city or town) (Stata or country)	occupation	Other Contributory Causes of Importance:	Eloknow
		-	
14. BIRTHPLACE (city or town) (State or country)	v	Name of operation Dete of What test confirmed diegnosis? Wes thara an	autonsy? M.A
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)	a ,	23. If death was due to external causes (VIOLENCE) fill in elso tha followin  Accidant, sulcide, or homicide? Date of injury  Where did injury occur?	ng:
17. INFORMANT Agon U (Addrass) Tradence	lilson	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL, CREMATION, OR SEMOVAL FILE.  Pleca Farmelus Cens Data.	New 22 1937	Manner of injury	
19. UNDERTAKER PROCESSION (Addrass) Procession (Addrass)		24. Wes disaase or injury in any way related to occupation of deceasad?	no
100		10:00 11:9. Bussas 81 4X	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 4 1997			
Other contributory causes of importance:	-,-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
li processori			

item of infor	should state	of OCCUPA-	
RECORD, Every	7. PHYSICIANS	Exact statement	1
PERMANENT	EXACTLY	rly classified.	ate.
THIS IS A	d be stated	y be proper	k of certific
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ING INK-	AGE shoul	o that it ma	tions on bac
UNFADING INK-	ly supplied. AGE shoul	lain terms, so that it ma	See instructions on bac
-WRITE PIX NLY, WIT, UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1843
County Frederick	Registration Dist. No. 13
Village or City Mear Libertytown	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME John Wifson Phisbre	mee .
(a) Residence: (No. Woodshoro Dist	St., Ward.  If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If married, widowed, or divorced  OR DIVORCED (write tha word)	21. DATE OF DEATH Nov /5 (Month) (Day) (Year)
HUSBAND OF (Or) HAFFE-OF SKatherine Winebrenner	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MAGE 441. 1967	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, at
20 8 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade protection or particular	Date of onset
SAWYER, BOOKKEEPER, etc. Calorol	Suishop would freek
9. Industry or business in which work was dona as SILK MILL.	
U .10. Date dacaased last worked at 11. Total time (years)	
this occupation (month and 15 th 1987 occupation Lafe	Adv. C. 23 a. C
12. BIRTHPLACE (city or town)	Other Castributory Causes of Importanca:
(State or country)	
13. NAME Le Marles Wanebrenner  14. BIRTHPLACE (city or town)	<u> </u>
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Farme Myord  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accidant, suicida, or homjoida? Ceradiant Date of Injury -10-15, 1937
(State or country)	(Specify city or town, county and State)
17. INFORMANT Salberine Windsterne	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Mt Hole Wood Date Mar 18th 7	Nature of injury Tacheally Short has need of
19. UNDERTAKER Paringle & allaugh	24. Was disaase or injury In any way related to occupation of deceased?
(Addrass) Liberty town f MA	If so, spacify
20. FILED MV/S., 1927 fg/D. Clareful alger Registrar.	(Signad) M. D.  (Address) Survey Forms
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Y. A.	11-1-2		
water-process production and			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Here are an

Shesher should state item of infor-Exact statement of OCCUPA-PHYSICIANS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING of certificate. AGE should be See instructions on back USE OF DEATH in plain terms, so that it may supplied. tion should be carefully TION is very important. V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			93-0		
County	rederick			Registration Dist. No. /8/	
Village or City	Urbana				Ward
Langth of residen	see In nife or fown where	double accounted		death occurred in a hospital or institution, give its NAME instead of street and number)	do
				ds. How long in U.S. If of foreign birth?yrsmos	03.
2. FULL NAMI		Worthin	gton	If U. S. Veteran, specify WAR	
(a) Residence:	No. Urbana	, Md . (Usual place	of shods)	St., Ward.  If nonresident give city or town and State	
PERSONAL	L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
	. COLOR OR RACE	1	RRIED. WIDOWED.	21. DATE OF DEATH	
Nale	Mite		D (write the word)	November 14., 193.7	
5a. If married, widowed.		11-2-10		(Month) (Dey) (Yee	(f)
HUSBAND of (or) WIFE of	With month	nia Lawr	PATTE	22. I HEREBY CERTIFY, Thet i etjended deceased	fgom
	0 4 L L 25 L L	TTC TICLYAT	OILCO	19 10 19 19	2.4.
6. DATE OF BIRTH (mo	nfh, dey, end year)	April	25,1850	i les sawh alive on 19 ; deefh i	s said
7. AGE Yeers	Months	Days	If LESS than f dey,hrs.	fo have occurred on the date stated above, af6.20m. P.M.	
87	6	19	ormin.	The PRINCIPAL CAUSE OF DEATH end relefed causes of importance were es follows:	opeet
8. Trede, professio	n, or particuler k done, es SPINNER, OKKEEPER, efc		77	111	
		etirea	Farmer	Chine Myornitite	
9. Industry or bus	ne, es SILK MILL,			A	
U TO. Date deceased I	BANK, etcesf worked at	, If. Total	time (yeers)		
this occupati	on (month end 7/	27 spe	ent in this 40		
to Diptipl tor (-it.)	- 4>			Other Coatributory Caases of Importence:	
12. BfRTHPLACE (city o (State or country		nd			
f3. NAME TT	nton Worth	ington			
f4. BIRTHPLACE (ci				Neme of operation Date of	-
(Stete or con		vland		What test confirmed diegnosis? Wes there an aulopsy?	110
f5. MAIDEN NAME	Cather	ine Dor	sev	23. If death wes due to external causes (VIOL ENCE) fill In elso the following:	4-006
f 6. BIRTHPLACE (ci	fu or found			Accidenf, suicide, or homicide?	
Stete or co	uniry) Mar	vland		Where did Injury occur?	
17. INFORMANT MA	on Ofran &	sode &		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address)	Ineduces	nul	P		
f8. BURIAL, CREMATIDE	N, OR REMOVAL	rbana, N	d.	Menner of Injury	
Plece Di	scopal Cer	le Date 11	/16/.,19.37	Neture of Injury	
IN UNDERTAKER	M R Etobs	gon & g	033	24. Was disease or Injury In any wey releted to occupation of deceased?	
(Address)	M.R. Etchi Frederick	, d.		If so, specify	
20, FILED SUCY	0	0,41	1. him	(Signed)	M. D.
ZO, FILED SPENY		Torred	Registrar	(Address) he dock We	1

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